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**New Program Proposal**

**Program Title: Doctor of Nursing Practice (DNP)**

Degree (level): Graduate

In (major or field): Nursing

**New program or extending an existing program to a new site or medium?**

☒ New Degree Program

☐ Extending Existing Program

**CIP Code:** 51.1601

**Department:** None

**College:** Nursing

**Departmental Contact:**

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**Campus(es) of Origin:** Spokane; Vancouver

**Delivery Site(s):** Statewide – 20% campus-based; 80% Online/ITV

**Starting Date:** Fall 2012

**Method & site (s) of course delivery: (check all that apply)**

☒ In-person

☐ Pullman

☒ Vancouver

☒ Tri-Cities (will receive courses;  
not an administrative site for this program)

☒ Spokane – College of Nursing

☐ Research/Extension Center at: \_\_\_\_\_

☒ Electronic

☒ On-line

☒ AMS (ITV) or Video-conferencing

A handwritten signature in black ink, appearing to read "Patricia Butterfield".

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Endorsement by Chief Academic Officer

May 5, 2010

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Date

## Table of Contents

1.	Mission Statement .....	3
2.	Program Description .....	10
3.	State Need and Student Demand for the Program .....	11
4.	Goals, Objectives, and Student Learning Outcomes .....	21
5.	Curriculum .....	25
6.	Uses of Technology .....	33
7.	Delivery Methods .....	35
8.	Students .....	36
9.	Faculty and Administrative Support .....	41
10.	Facilities .....	43
11.	Finances and Financial Analysis .....	44
12.	External Reviews .....	51
	Library Capacity .....	52
	References Cited .....	55
	Demand and Cost .....	60
	I. Situational Analysis .....	60
	II. Competitive Analysis .....	61
	III. Demand Analysis .....	64
	IV. Recruitment Plan .....	67
	Appendix I (support letters) .....	70
	Appendix II (evaluation) .....	76
	Appendix III (course objectives) .....	95
	Appendix IV(course syllabi) .....	97
	Appendix V(faculty) .....	186
	Appendix VI (reviews) .....	206

## **Section I. Mission Statement**

### **Washington State University**

#### **Mission**

Washington State University is a public research university committed to its land-grant heritage and tradition of service to society. Our mission is threefold:

- To **advance** knowledge through creative research and scholarship across a wide range of academic disciplines.
- To **extend** knowledge through innovative educational programs in which emerging scholars are mentored to realize their highest potential and assume roles of leadership, responsibility, and service to society.
- To **apply** knowledge through local and global engagement that will improve quality of life and enhance the economy of the state, nation, and world.

#### **Mission statement of the College**

The Washington State University College of Nursing (CON) is committed to inspiring and transforming health care for generations to come. The College endorses the values of Washington State University and the consortium institutions that include inquiry and knowledge, application, leadership, character, stewardship and diversity.

#### **Goals of the College**

The goals of the College as outlined in the strategic plan are to:

- Provide access to high quality innovative programs using a wide range of technological and instructional approaches.
- Transform health care delivery for global, rural and underserved populations.
- Leverage capital and human resources through entrepreneurship, stewardship, and the recruitment and retention of top-tier nursing scholars.

These goals must be considered in the context of a rapidly changing environment that includes: 1) a new national health care initiative requiring increased primary care and preventive health service providers, 2) a call from the American Association of Colleges of Nursing (AACN), the leading organization for colleges of nursing, to require a doctoral degree as entry level of advanced practice nursing, and 3) a continuing shortage of nurses that is projected to last for several decades, worsened by a critical shortfall of doctorally prepared nursing faculty across the country and in Washington State.

#### **Overview of the Proposed Program**

The Washington State University College of Nursing requests approval for the establishment of a clinical doctorate program. Graduates will obtain a Doctorate of Nursing Practice (DNP) degree. In contrast with PhD programs, which prepare scientists and methodologists, DNP programs prepare advanced clinicians in nursing. Nationally DNP programs prepare nurses to achieve competencies addressing clinical care, practice inquiry, teaching and leadership. This transition from the master's in nursing (MN) to DNP education is occurring as a result of a re-examination of the complexity of advanced practice and the

promulgation of new nursing standards by national nursing organizations. As a result of these discussions, the landscape regarding educational standards for advanced nursing has changed remarkably over the past several years. Compared with other public universities in the Northwest, our College is relatively late in launching a DNP program. Many peer institutions in our region (e.g. Oregon Health & Science University, University of Washington, University of Portland, University of Utah, University of Arizona, Arizona State University) have already launched their programs and enrolled students. Unless Washington State University moves ahead with its DNP program, the College will be out of step with education and accreditation standards in the profession. Thus, even in the challenging fiscal environment of the present, we need to progress quickly.

Fortunately, our faculty enthusiastically endorse the concept of the DNP and are eager to implement the proposed program. For the past few years, several planning groups have been engaged in designing and creating an implementation plan for our proposed program. The College has also developed a sound fiscal plan that allows for some flexibility in program costs and student enrollment. Overall, the initiation of the DNP program will facilitate the College of Nursing in meeting its goals by educating nurses to practice in an increasingly complex health care environment. Factors associated with this complex health care environment include an aging population, an increase in chronic health problems across the lifespan, emerging health threats, and persistent health disparities associated with socioeconomic inequities. All of these factors were highlighted in recent national health care legislation and define a need for safer, more effective and more equitable health care delivery systems, as well as comprehensive understanding of new technologies that influence health. This proposal must also be viewed within the lens of a challenging economy and economic forecast for the state of Washington. The program is designed to reallocate present College of Nursing budget and faculty to transform the Advanced Practice majors at the master's level of education to the DNP level in a seamless manner while using present resources. Therefore, specific goals for the DNP program at WSU include the following:

- Prepare graduate students for compassionate, competent advanced nursing practice and leadership in a complex and evolving health care environment.
- Provide a high quality, innovative program incorporating contemporary and traditional technologies that emphasize conceptual and critical thinking.
- Educate students in multiple locations throughout the region.
- Engage students in practice inquiry which enables them to integrate, translate and apply research into practice in the areas of patient care, leadership, education and policy.
- Meet the needs of diverse, underserved, rural and global communities by improving nursing education, health policy and professional nursing practice.
- Prepare graduates of the DNP program to serve as faculty in both undergraduate and graduate programs.
- Meet the need for doctoral level advance practice nursing education to fulfill the AACN mandate that all advance practice nurses be educated at the DNP level by 2015.

## **B) How this proposed program will complement or reflect these missions.**

The College of Nursing currently provides high-quality undergraduate and graduate educational programs throughout eastern, central, and southwestern Washington. The College produces graduates who serve in communities across the state and contribute to improving the health of the citizens of Washington. The College is a leader in contributing to the resolution of a statewide shortage of nurses and nursing faculty,

has had major successes in grant funding and scholarly productivity and has a five-year research partnership with the University of Washington School of Nursing.

The College currently offers baccalaureate, master's and PhD programs that serve nursing students across the state, including rural areas, by innovative use of technology and prestigious programs. Our students are well educated as demonstrated by the fact that they consistently exceed national averages for all competency examinations, are readily employed, and demonstrate a high likelihood of leadership and exemplary nursing practice. The DNP program will build upon this excellence and expand doctoral level education. The DNP will meet the needs of the communities served by Washington State University, an objective central to the university's land grant mission.

The Washington State University College of Nursing is the largest baccalaureate nursing program in Washington State. We offer our programs in Spokane, Yakima, Tri-Cities, Walla Walla, and Vancouver: basic undergraduate, associate degree registered nurse to baccalaureate, and a graduate program with both master's and PhD degrees. Celebrating our forty-first year as the first and oldest consortium school of nursing in the nation, our College has a current enrollment of 837 undergraduates, 249 master's students and 23 PhD students. The first two PhD nurses will graduate in May, 2010, having been members of the PhD inaugural class of 2007. Our alumni base of graduates is comprised of nearly 6,000 nurses.

The College has been committed to the preparation of clinical teaching faculty and clinical specialists since the inception of our Master of Nursing program in 1983. The master's degree program includes three options: 1) family nurse practitioner added in 1992, 2) psychiatric mental health nurse practitioner added in 1998 and 3) advanced population health major with a master's level educator track which began in 2000, and a master's level administration track added in 2009. Our graduate program expanded to Yakima, Vancouver, Tri-Cities, and Walla Walla between 1997 and 2000. We anticipate that graduates of our BSN and MN programs will be a major source of applicants to the Doctor of Nursing Practice program because the American Association of Colleges of Nursing has mandated that all advance practice nurses must have a doctor of nursing practice degree by 2015 (AACN, 2004). If the WSU College of Nursing does not offer a DNP degree by 2015 for advanced practice nurses, our master's of nursing (MN) program, currently offering advance practice preparation, will be obsolete. The following provides an overview of the advanced nursing practice programs currently offered by the College of Nursing and the type of professional likely to enroll in the DNP program.

**A. *Family Nurse Practitioners*** (FNPs) are primary care providers who have a commitment to their practice and patients by providing care focused on health promotion and disease prevention in addition to care for acute and chronic problems. FNPs often spend more time with each patient than other health professionals. They listen, encourage questions, provide in-depth explanations, offer affirmation for self care measures and facilitate patient empowerment in a variety of practice settings. The care paradigm is consistent with recent federal health care legislation so the need for these practitioners is expected to continue to grow. The FNP program includes experience in pediatrics, geriatrics, women's health and primary care.

**B. *Psychiatric/Mental Health Nurse Practitioners*** (PMHNPs) are in high demand. Graduates of this program are prepared to offer a variety of services including individual, family and group psychotherapy as well as the initiation and management of pharmacotherapy. Graduates may work in outpatient and inpatient settings, and commonly collaborate with other mental health care professionals such as psychologists, psychiatrists, and social workers. Specific coursework addresses diagnostic methods,

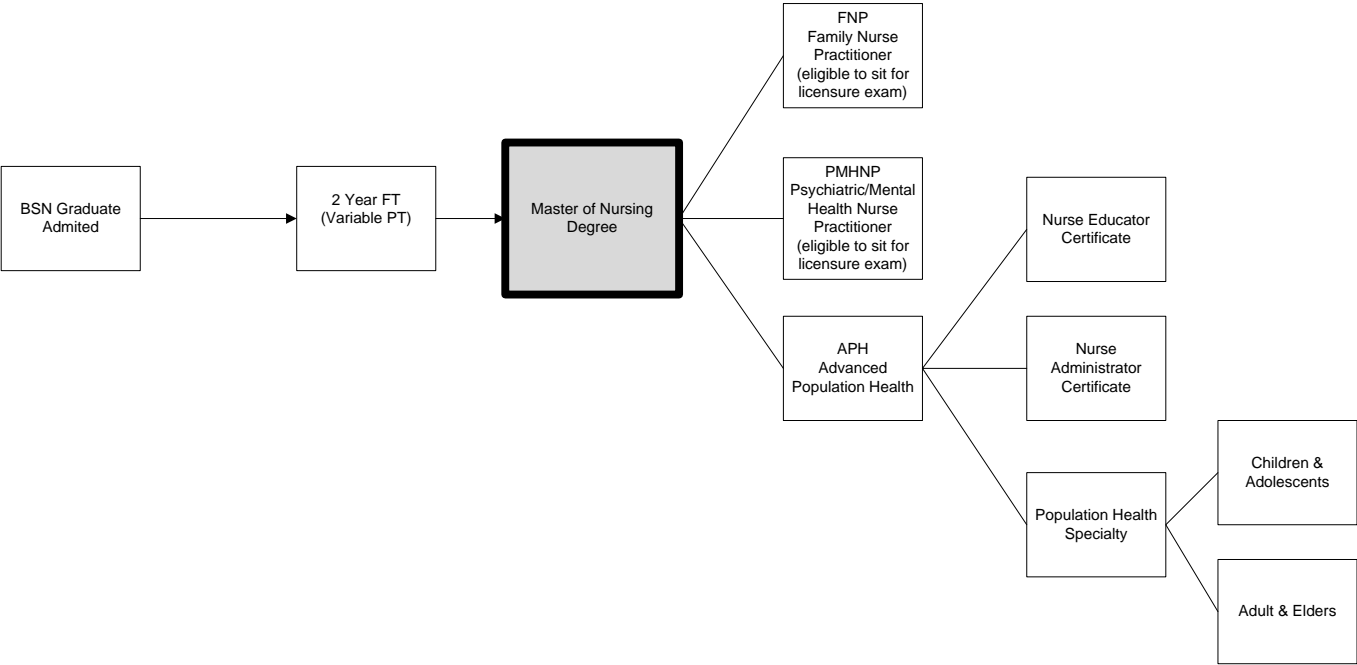
therapeutic techniques and counseling modalities, psychopharmacology, and problems such as psychopathology and addictions.

C. The ***Advanced Population Health*** (APH) curriculum is based on an advanced practice framework in which the focus of nursing practice is populations - particularly populations at risk. Community analysis is emphasized and students study diverse and complex populations relevant to their practice arena. Course assignments provide students with an opportunity to apply relevant concepts to the care of student selected population(s). Communities of study may be local, such as a neighborhood, homeless shelter or hospital unit, or global with international clinical experience options. In addition, students choose coursework that supports one of three role options: administrator, educator, or care manager of adults or children. The nursing administration and nurse educator tracks offer a certification to the MN graduate in these areas, a requirement of many nursing programs and health institutions. Under an advisor's guidance, students may design an individualized program of study to prepare them to meet their career goals. Preparation for advanced practice credentialing as a Community Clinical Nurse Specialist is available through the completion of additional clinical hours and course work in assessment, pathophysiology and pharmacology.

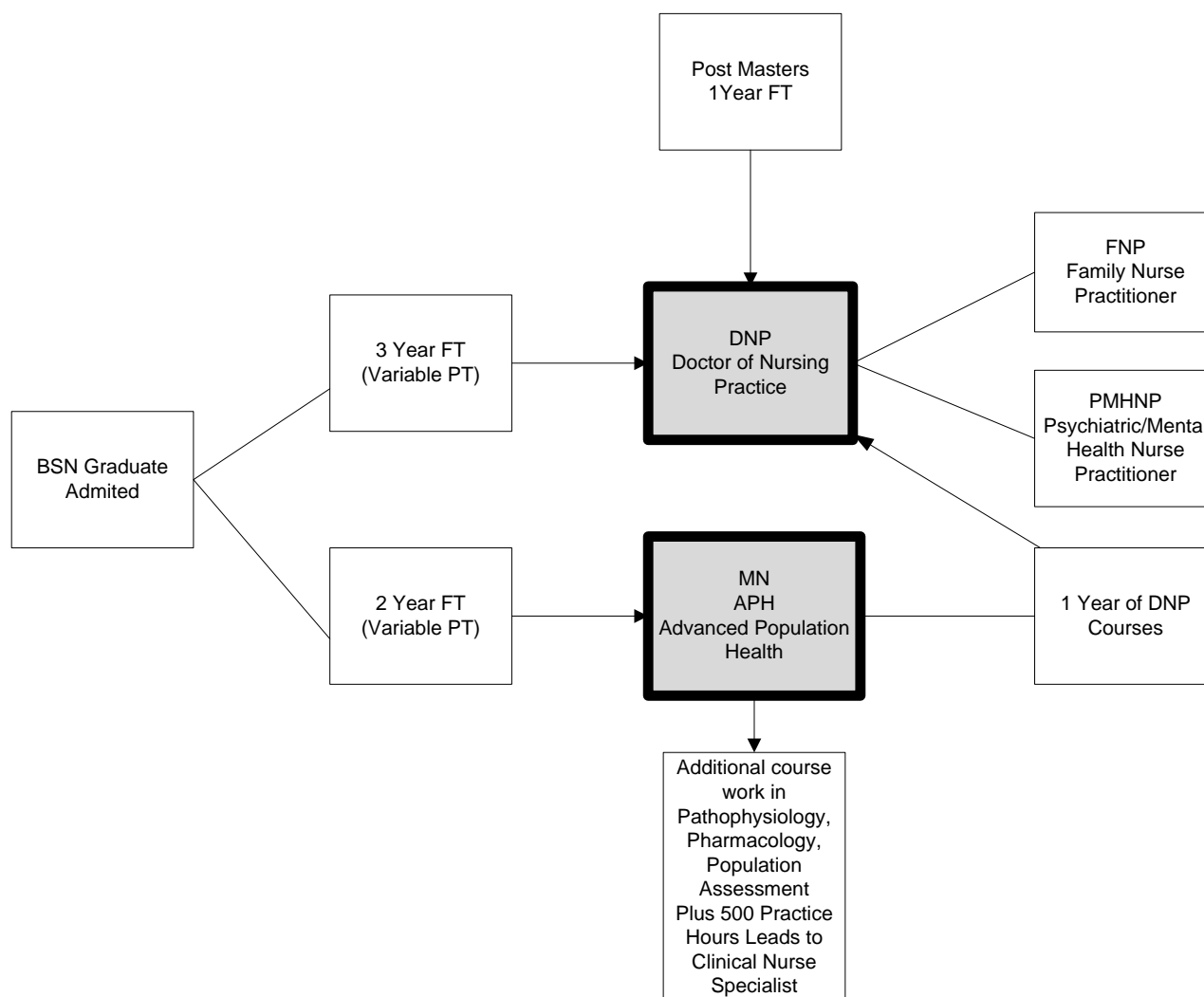
### **Where we are going**

The College of Nursing will be a national leader in implementing a DNP program, and will be consistent with other programs in the western region. The transition to doctoral education for advanced practice nurses is a response to the American Association of Colleges of Nursing (AACN) position on the DNP degree and a commitment to maintain our position as a regional program for the education of advanced practice nurses. In order to retain competitiveness and offer options to Washington students, the College has identified a need to offer a practice doctoral degree and begin preparing doctoral level advanced practice nurses in the communities we serve. There is a robust interest in obtaining the degree on the part of baccalaureate and master's educated nurses (see the needs assessment below). Additionally, community stakeholders have endorsed the DNP and in the Vancouver area funded the planning and development processes at the \$150,000 level. Finally there is also interest in employing DNP graduates as evidenced by the attached letters of support. (See Appendix I). Please see the present Master's and proposed DNP Programs below.

**Present Curriculum**



## Proposed Curriculum



### AACN Position on DNP Education for Advanced Practice Nurses

The American Association of Colleges of Nursing (AACN) has as its mission the advancement of baccalaureate and graduate degree education in nursing. The College of Nursing is accredited by the Commission on Collegiate Nursing Education, an autonomous arm of the American Association of Colleges of Nursing (AACN), and the only accrediting body devoted exclusively to the evaluation of baccalaureate and graduate degree programs in nursing. The organization issued a position statement in 2004 calling for the transition of advanced nursing practice education from master's degree programs to



doctoral degree programs by the year 2015. The DNP was endorsed as the practice focused doctoral program offering a terminal degree for advanced practice nurses. This practice-focused degree is distinct from and complementary to the nursing PhD which is the terminal research-oriented degree. The goal of DNP education is to prepare advanced practice nurses for leadership positions in a rapidly changing health care system with very complex clinical challenges immersed in evolving healthcare reform.

The AACN recommended that the DNP curriculum prepare the advanced practice nurse for a specific specialty area of practice. In addition to development of an area of advanced practice, the AACN recommends that DNP graduates be prepared to serve as leaders and administrators in health care organizations, to be active participants in the health care policy process, and to fill the vital role of nurse educator.

It is important to understand the ways in which the DNP and other nursing doctorates differ and complement one another. Table 1 was developed by the AACN to compare the DNP to the Doctor of Philosophy (PhD) and the Doctor of Nursing Science (DNS/DNSc) degrees.

**Table 1: AACN Comparison of DNP and PhD/DNSc/DNS Programs**

<b><u>DNP</u></b>		<b><u>PhD/DNS/DNSc</u></b>
<b><u>Faculty</u></b>	Doctoral Degree with expertise in areas in which teaching, senior leadership experience, network of leadership influential, high level of expertise in area of practice.	Research doctorate in nursing or related field, research funding at senior level, program of research consistent with area(s) of focus of program, research methods expertise (e.g. qualitative/quantitative)
<b><u>Program of Study</u></b>	<u>Objectives:</u> Prepare nurses at the highest level of practice. <u>Competencies &amp; Content</u> See AACN Essentials of the DNP	<u>Objectives:</u> Prepare nurse researcher. <u>Content:</u> Theory, research methodology, role with emphasis on research & faculty roles
<b><u>Resources</u></b>	Mentors in leadership positions across a variety of healthcare settings not limited to nursing. State of the science information technology resources. Access to diverse practice settings. Access to evaluation data and databases in practice setting.	Mentors in research and other role preparation. Active programs of research in fundable areas. Access to dissertation support dollars. Technical and support services for state of the science information acquisition, communication, and management.
<b><u>Students</u></b>	Commitment to career in practice and/or service leader. Oriented toward improving outcomes of care.	Commitment to research career. Oriented toward development of new knowledge, and establish a pattern of productive scholarship alone and with others in the discipline.
<b><u>Program Assessment and Evaluation</u></b>	<u>Program Outcome:</u> Contributes to improvement in health care via direct service and policy change. Receives accreditation by specialized nursing accrediting organization.	<u>Program Outcome:</u> Research contributions, development of new knowledge, and other scholarly products that provide the foundation for the advancement of nursing science.
<p>American Association of Colleges of Nursing. (1999). Essential clinical resources for nursing's academic mission. Washington, DC: Author.</p> <p>American Association of Colleges of Nursing. (2006). Essentials of Doctoral Education for Advanced Nursing Practice NP.  <a href="http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf">http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf</a>.</p> <p>American Association of Colleges of Nursing. (2001). Indicators of quality in research-focused doctoral programs in nursing. Washington, DC: Author</p> <p>Rush University Medical Center. Comparison of the DNP vs. PhD/DNSc/DSN. Unpublished document. Chicago, IL.</p>		

### **How the proposed program will help us get there**

The DNP program will contribute to the College's goal of preparing graduates with competencies in practice, inquiry, leadership and education. The program will advance a program of study that will enable

its graduates to generate and disseminate knowledge to improve health outcomes and reduce health disparities to diverse underserved, rural and global communities. DNP graduates will make contributions through practice, education, administration and policy.

The DNP program will complement the College of Nursing existing PhD program. The PhD focuses on advancing research and teaching across a range of nursing topics and initiatives, while the DNP focuses on expert practice and teaching in clinical advanced practice programs. Graduates of the DNP program emphasize translating nursing research into practice whereas graduates of the PhD program emphasize the development of nursing research to improve practice, health outcomes, and patient safety. The DNP will develop additional institutional and community partnerships as students conduct practice inquiry through capstone projects and as they engage in practice experiences.

Faculty at the WSU College of Nursing have developed research projects in the areas of policy development, nursing education, administration and organizational leadership, international and global nursing competencies, and clinical practice inquiry. The faculty are therefore well positioned to mentor and guide advanced practice students in translating research and/or developing practice capstones.

## **Section II. Program Description**

### **What is the nature and focus of this program?**

The Doctor of Nursing Practice (DNP) is a practice-focused degree that is designed to educate advanced practice nurses to provide direct care to individual patients, manage care for individuals, families, groups and populations; serve as administrators in health care organizations; engage as faculty in nursing programs; develop and implement health policy; and translate research into expert practice. Nurses are currently educated for these practice-focused areas through master's degree programs. Delivering care to patients and populations with increasingly complex health care needs and responding to the rapid changes in the health care system requires a transformation of graduate nursing education to the doctoral level.

The following WSU DNP program vision statement describes the nature and focus of the program.

The Washington State University College of Nursing pursues opportunities to expand the frontiers of nursing knowledge, science and practice. The Doctor of Nursing Practice program will assure that graduates are able to demonstrate cultural competencies, are able to meet the needs of diverse populations and are prepared to reduce health disparities. Practice experiences will include working with diverse populations in urban, rural, and global settings. Graduates of the Doctorate of Nursing Practice program will transform health care delivery through evidenced-based practice, participation in innovative research and by providing clinical, organizational, and educational leadership.

The DNP program curriculum includes an interprofessional seminar designed to involve DNP students in interdisciplinary teams with students in other disciplines such as medicine, pharmacy, business, nutrition and education. Students will interact with community professionals to address an identified community need by developing and implementing collaborative, community-based projects. Letters of support can be found in Appendix I. Seminars emphasize inter-professional collaborative practice, interpersonal group process skills, improving population health outcomes, and the provision of culturally competent care. Nursing has played a leading role in the interprofessional activities on the WSU-Spokane campus, and

several shared courses and student activities already exist within nursing, medicine, pharmacy, healthcare design, criminal justice and other departments. These collaborations are viewed as essential to educating nurses to function and lead in the healthcare initiatives of the future. The CON is known for its interdisciplinary research (i.e. existing projects in child obesity, substance use, and the National Children's Study) which will bring strong faculty role modeling to the student experience.

An example of an interdisciplinary project with pharmacy students and pharmacists is an outreach program to low income people to advise them of prescription drug assistance programs. In another example, DNP students, exercise metabolism students and nutritionists/dietitians could develop affordable heart healthy menus with locally available foods such as lentils for people of identified cultural groups. Another project might be assigning DNP students to work with elementary education student teachers as they teach the state's required public school HIV curriculum. This course would generate collegial partnerships among faculty from a variety of WSU programs.

Coordination for the interprofessional seminar will emanate from the DNP program with support from medicine, pharmacy, business, nutrition, education and other disciplines. This course will also offer an opportunity for DNP and Nursing PhD students to work collaboratively. Didactic content will be delivered through distance learning technologies such as an in-person class via Academic Media Services (AMS) or use of Angel online courseware. Project development and implementation will be arranged in collaboration with faculty from the other disciplines.

## **Section III. State Need and Student Demand for the Program**

### **1. Nursing as a High Demand Profession**

The Higher Education Coordinating Board (HECB) February 2006 State and Regional Needs Assessment Report delineates nursing as a high demand profession. The report notes that half of the need for medical professionals was due to the need for nurses and recommends increases in types of and graduates from nursing programs. Much of the high demand is at the entry into nursing through associate and baccalaureate education; however we also need to increase the number of nurses with advanced degrees prepared to fill roles in education, practice, administration, policy and research. Nurses prepared through doctoral education are as essential as nurses entering the profession.

Numerous factors in the health care systems contribute to this increased demand for nurses at various levels. Some of the critical factors include the increasing complexity of health care issues, an aging society with multiple chronic conditions, increasing obesity and its complications, high rates of diabetes, and the need to improve individual and population health. Recent federal health care legislation is predicted to bring over 30 million more Americans into the health care system, creating a drastic need for more providers (Center to Champion Nursing in American, 2010). Many of these providers will need to be at the Advanced Practice level, such as those prepared with the DNP.

A HECB report cites a University of Washington study that identified health care as one of two key areas that will experience significant levels of new hiring due to a combination of growth and replacement of retiring workers. The report recommends expansion of health care programs to meet employer and student demands, noting that the largest number of job openings is in nursing. The 2004 National Sample Survey of Registered Nurses (Bureau of Health Professions, 2006) revealed that the average age of a registered nurse was 46.8 years of age. Focusing on nurses in Advanced Practice, a statewide survey of nurse

practitioners was conducted in 2006 with a response rate of 62%. The average age of a nurse practitioner was 49.7 years. Half of the nurse practitioners are over 52 years and nearly one-quarter are over age 55 years (Kaplan and Brown, 2007).

### **1a. National Shortage of Nursing Faculty**

U.S. hospitals have 116,000 registered nurse vacancies at the present time (Joynt & Kimball, 2008). In 2009, a diminution of the nursing shortage has been reported, primarily because over 240,000 registered nurses rejoined the workforce. However, over 50% of these are over the age of 50 years, and many others are temporarily working while a spouse is unemployed. The influx of personnel into the workforce is a direct result of the economic downturn and is expected to be temporary; the focus on provision of nurses for the future must continue (Buerhaus, 2009; Carson, 2009). The HECB report primarily assesses the demand for undergraduate nursing education and entry into nursing employment but also highlights a critical need is for nurse educators. Educational needs in health care are significant at all levels. For example, initial registered nurse education is in high demand with education predominately at the associate degree level; a substantial number of new nurses, however, receive initial education at the baccalaureate level. Both associate and baccalaureate degree programs require faculty with master's and doctoral degrees to prepare the next generation of nurses. A recent report from the health care personnel shortage task force indicates high levels of need and difficulty hiring qualified faculty in a wide range of health care occupations at all educational levels.

The shortage of faculty contributes to the current nursing shortage. The National League for Nursing (NLN) reported that although associate degree nursing (ADN) program admissions and graduations are increasing, 110,576 qualified ADN applicants were rejected from programs in 2005 (NLN, 2005). The AACN reports that 32,323 applicants to baccalaureate nursing programs were rejected although overall enrollment and graduation rates are increasing. The main reasons applicants were not admitted include insufficient faculty, clinical sites and classrooms (AACN, 2006b).

On average, nursing faculty are over the age of 50 years. "According to AACN's report on 2006-2007 *Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 58.6, 55.8, and 51.6 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 56.5, 54.8 and 50.1 years, respectively."

Between 200 and 300 doctorally prepared faculty are eligible for retirement annually at the present time, and between 220-280 master's-prepared nurse faculty will be eligible for retirement between 2012 and 2018. These impending retirements compound the existing shortage of nurse faculty. According to the NLN, the estimated number of budgeted, unfilled, full-time positions nationwide in 2006 is 1,390. "This represents a 7.9 percent vacancy rate in baccalaureate and higher degree programs, an increase of 32 percent since 2002; and a 5.6 percent vacancy rate in associate degree programs, an increase of 10 percent in the same period" (NLN, 2006).

DNP graduates will be needed to serve as faculty in the DNP and other educational programs. As a transition is made from master to doctoral education for advanced practice nurses, there will be an increasing demand for DNP prepared faculty. One advanced practice pathway of the DNP at WSU will be the nurse educator program designed to prepare nurses to serve as faculty.

### **1b. National Shortage of Nurses Providing Primary Care and Health System Leadership**

The projected increase in U.S. residents with health care insurance and the intersecting mandate for the DNP for advanced practice nursing creates a unique and critical need for programs to provide the DNP. Advanced Practice nurses provide primary health care; as a Washington State example, there are over 4500 licensed Advanced Practice Nurses in the state (Skillman, Andrilla, Kaplan & Brown, 2009). They provide care for urban and rural citizens, and in line with the challenges of the future, they will provide technological expertise, leadership, and systems analysis for our growing health care infrastructure. It is clear why the AACN has mandated the DNP degree to provide for the growing demands on Advanced Practice nurses.

### **1c. Support of the Statewide Strategic Master Plan for Higher Education**

The Higher Education Coordinating Board (HECB) 2004 Statewide Strategic Master Plan for Higher Education has two overarching goals. The first goal is to increase the opportunities for students to earn degrees and the second is to respond to the state's economic needs. The proposed DNP program will support both of these goals in an integrated manner. The DNP supports three specific policy initiatives of the Master Plan for Higher Education.

First, the DNP supports *policy initiative 3*, increasing the number of degrees in high demand fields. Nursing is a high demand field. While much of this demand is for nurses who are first entering the profession, there is also a critical need for nurse educators at all levels of nursing, nurse administrators in many healthcare settings, and advanced practice nurses who deliver care to individuals, families and communities. The DNP program is designed to continue to educate nurses for practice oriented careers. Practice oriented careers include numerous roles such as delivering direct care to individuals and communities, serving as faculty, providing leadership as administrators and program managers, working in health care policy or as institutional leaders moving research into practice. Many of the students interested in the DNP are clinicians who recognize that for the advancement of their careers, for enhanced professional satisfaction, and for utmost contributions to the changing healthcare scene, the DNP is the ideal doctoral degree to pursue.

The DNP will allow baccalaureate educated nurses who wish to pursue a graduate degree the opportunity to complete doctoral education rather than master's education while becoming an advanced practice nurse. It is a smaller investment in a nurse's time and resources to complete a post-baccalaureate DNP than to obtain a master's degree and then return for a DNP. Such graduates are available in an efficient and fast manner to serve their communities and contribute to the healthcare workforce.

Second, the DNP will address *policy initiative 6*, meeting regional higher education needs. The HECB analysis of high demand professions demonstrates a need for nursing across the state. The College of Nursing (CON) serves eastern, central and southwest Washington residents in communities that otherwise would have few or no options for baccalaureate and graduate education. Even in southwest Washington, where there are two other major regional alternatives for graduate nursing education, the nursing program on the WSU Vancouver campus has over 100 master's students.

Reducing barriers for non-traditional students, *policy initiative 9*, will also be addressed by the DNP and the College of Nursing in several ways. With 46.8 as the average age of a Registered Nurse (RN), many graduate nursing students are pursuing their education at the same time their children are in school. They must continue to work and often have little flexibility in their schedules. The design of graduate education

at WSU has always been to promote accessibility to students who must balance education with family and work. Moreover, the CON has several long standing programs to both recruit and retain underrepresented students. Social justice, caring for underserved populations, decreasing health disparities, and improving health for vulnerable people are major themes that recur throughout the DNP curriculum. We are striving to further diversify our applicant pool and decrease barriers to underrepresented students in nursing and, therefore, have increased our underrepresented numbers in the last few years. Such efforts have resulted in graduates who make healthcare contributions at diverse geographic and population bases in the state.

## **2. Status of Our Nation's Health**

An overview of the health care challenges facing our nation and state is helpful in understanding the context for development of the DNP. DNP graduates will serve as policy change agents, leaders in improving population health outcomes, educators, information technologists and often they will work in rural and underserved areas. These graduates will help reduce health care disparities, improve the quality of care, contribute to redesigning the health care system, develop health care policies and make the system more economically sustainable.

### **2a. Changing Demographics and Health Care Environment**

The 21<sup>st</sup> century has heralded an era of improved health coupled with increasing challenges and opportunities. The 29<sup>th</sup> annual report Health, United States, 2005 (National Center for Health Statistics, 2005) notes declines in infectious disease, improved motor vehicle safety and a decrease in deaths from cardiovascular disease. Some improvements have continued but slowed in certain areas such as the decline in infant mortality and reduction in the prevalence of smoking. Further, as people live longer there is increased prevalence of chronic diseases accompanied by increased morbidity, pain and disability.

Diabetes, for example, is now estimated to affect nearly 21 million adults and children with another 41 million people pre-diabetic including two million adolescents ages 12 to 19 years. Type 2 diabetes, typically associated with adults, is now being diagnosed among adolescents (American Diabetes Association, 2006). Correlated with the increase in type 2 diabetes is an increase in the prevalence of overweight and obesity. The percent of adults aged 20 years and over who are overweight or obese is 72.9 (32.7 overweight, 34.3 obese and 5.9 extremely obese) (Centers for Disease Control and Prevention, 2008). The health demands in terms of managing diabetes, cardiovascular disease, orthopedic problems and many other sequelae will lie with primary healthcare providers. In addition, increase focus on prevention and health promotion is needed to encourage healthier lifestyles; Advanced Practices nurses are uniquely poised from their nursing education backgrounds, to provide these services. In addition to the development of an area of specialized advanced practice, the AACN recommends that DNP graduates be prepared to serve as leaders and administrators in health care organizations and to be active participants in the health care policy process.

Underlying the increase in chronic health problems is improved life expectancy. A person born in 2003 had a life expectancy of 77.5 years although there are disparities based on gender and ethnicity. A person who lives to be aged 65 in 2003 could expect to live another 18.4 years while a person who lives to be aged 75 in 2003 could expect to live another 11.8 years. By 2030, those 65 years of age and older will comprise 20% of the population (National Center for Health Statistics, 2005). Advancing age is associated with an overall increase in chronic illness, especially heart disease, cancer, and diabetes.

At the other end of the age spectrum, child health issues abound. In a National Center for Health Statistics report (Bloom, B. & Dey, A.N., 2006) on child health, over nine million children have been diagnosed

with asthma with a higher incidence among children in poor families. Nearly 5 million children ages 3-17 years have a learning disability and nearly as many have been diagnosed with attention deficit and hyperactivity disorder. Over 4 million children could not access dental care and nearly as many were unable to secure a usual place of health care with minority children disproportionately affected. Nearly 7 million children do not have health insurance. These statistics are expected to change with health care reform implementation but highly educated health care leaders are crucial to the application of reform guidelines to improve the delivery of health programs.

Mental health problems also create an increasing burden of illness for Americans. The National Institute of Mental Health estimates that in any given year 26% of Americans ages 18 and older - about one in four adults - experience a diagnosable mental illness. Some are diagnosed with 2 or more disorders concurrently. About 6 percent of people with mental illness suffer from a serious mental illness. Mental disorders are the leading cause of disability in the U.S. for people ages 15-44 years (National Institutes of Mental Health, 2006b.). Mental illness is not just a problem of adults. In a 2003 national survey 5% of children ages 4-17 years were reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people (National Institutes of Mental Health, 2006a).

**2b. Diversity and health disparities:** The rapid growth of multiple ethnic and culturally diverse populations presents additional challenges to the health care system. The U.S. Census Bureau estimates that in 2004 Washington State had a population 85.3% Caucasian, 3.5% African American, 1.6% American Indian and Alaska Native, 6.3% Asian, 0.5% Native Hawaiian and other Pacific Islander, 2.9% reporting 2 or more races, and 8.5% of Hispanic or Latino origin (U.S. Census Bureau, 2006). This diversity varies dramatically by county, however. Table 2 illustrates the diversity of the populations in the primary counties served by WSU.

**Table 2: Diverse Populations Served by WSU**

County	Race					Ethnicity
	Caucasian	Black	American Indian /Alaska Native	Asian	Native Hawaiian / other Pacific Islander	Hispanic / Latino Origin*
Whitman	88.6%	1.6%	0.7%	6.6%	0.3%	3.3%
Clark	90.4%	2%	0.9%	3.6%	0.4%	5.5%
Spokane	92.1%	1.7%	1.5%	2.1%	0.2%	3.2%
Yakima	91%	1.2%	4.8%	1.1%	0.2%	38.6%
Benton	93.5%	1.2%	0.9%	2.5%	0.1%	14%
Franklin	93.7%	2.5%	0.8%	1.8%	0.2%	48.8%

\* Hispanic/Latino origin may be of any race.

The Washington State Department of Health report, The Health of Washington State, illustrates the health disparities within our state (Department of Health, 2004). In Washington during 2000 - 2002 there are several significant areas of health disparities. For example, Asians and Pacific Islanders had the highest life expectancy (83 years), followed by Hispanics (82 years), whites (78 years), and African Americans (75 years). American Indians and Alaska Natives had the lowest life expectancy at 74 years. Tuberculosis occurred at a rate more than 15 times higher among Asians and Pacific Islanders than for whites, while African Americans had a case rate 11 times higher than that of whites. Among African Americans the rate of death due to diabetes was more than twice that of whites and Hispanics had a higher death rate from diabetes compared to non-Hispanics. The age-adjusted homicide rates for African Americans and

American Indians and Alaska Natives were at least three times higher than rates for whites and Asian and Pacific Islanders. Homicide rates among Hispanics are slightly higher than rates among non-Hispanics. The crude incidence rates for HIV/AIDS were higher among African Americans and American Indians and Alaska Natives compared to whites. African Americans had an HIV/AIDS case rate that was more than six times that of the rate for whites. The crude incidence rate for Hispanics is higher than for non-Hispanics.

## **2c. The Cost of Health Care**

While there is encouraging data and new policy developments that reflect an overall improvement in the health of the nation, the health disparities are testimony to flaws in the health care system. Further consideration needs to be given to the fact that the United States spends more money on health care than any other country in the world yet has outcomes that are not comparable to the cost of care (Organization for Economic Cooperation and Development, 2007).

The aging population also contributes to escalating health care costs. In 2003 only 12% of the population was age 65 and older yet this age group accounted for one-third of all hospital stays. Hospital charges for these stays were nearly \$329 billion or almost 44% of the total amount spent on hospital care nationally (Agency for Healthcare Research and Quality, 2006).

Despite this financial investment, health care is fragmented, outcomes are not on par with those of countries that spend far less per capita on health care, and health disparities in the U.S. are pervasive. Moreover, an estimated 45 million Americans under age 65 are uninsured, an increase of over six million people since the year 2000 (Kaiser Family Foundation, 2006). Increasing evidence exists that indicates the pivotal role that advance practice nurses play in providing accessible, cost-effective care to underserved populations. The DNP curriculum is tailored to meet the needs of a complex U.S. society and population, such as through leadership skills, research immersion, health policy understanding, and advanced practice in health promotion and disease management (Draye, Acker & Zimmer, 2006).

## **2d. Advanced Practice Nursing Education**

The state's need for a DNP program is supported by the new legislation for health care reform in health professional and nursing education. Several prestigious national organizations have called for substantial reform in educating the health care workforce of the future, including the Institute of Medicine (2001), the Future of Family Medicine Project (2004), the PEW Commission (1991,1999), The Carnegie Foundation (2009) and the National Organization of Nurse Practitioner Faculties (NONPF, 2003). The increasing complexity of health care has made nursing education increasingly complex. Graduate programs are pressured to add more course requirements and increase the number of required credits to assure that students are prepared at the time of graduation to assume an advanced scope of practice.

Many of the WSU DNP students are expected to be graduates of the WSU College of Nursing baccalaureate programs; graduates from other programs will also be able to apply to the DNP program. The following sections describe the vital role and outcomes of care of the advanced practice nurses educated by the College of Nursing. This provides another context for understanding the potential contributions of graduates of the DNP program in meeting the needs of the state.

### **2d. (1) Nurse Practitioners**

WSU College of Nursing has a family nurse practitioner and psychiatric mental health nurse practitioner program. Family nurse practitioners (FNPs) are educated to provide primary care to people across the



lifespan. Primary care includes the assessment and management of acute and chronic problems as well as health promotion and disease prevention activities. Psychiatric mental health nurse practitioners (PMHNPs) work with patients experiencing mental illnesses including, but not limited to, minor and severe depression, bipolar disorder, schizophrenia and obsessive compulsive disorder.

The first nurse practitioner program graduated pediatric nurse practitioners in 1965. Over the decades numerous studies have evaluated the care of nurse practitioners and validated high quality, cost effective care with a high level of patient satisfaction, equivalent to or better than that provided by physicians. These studies have been conducted over the decades (Spitzer, Sackett, Sibley, et al., 1974; U.S. Congress Office of Technology Assessment, 1986; Mundinger, Kane, Lenz, et al., 2000; Horrocks, Anderson & Salisbury, 2002). Nurse Practitioners also provide high-quality, cost-effective care to patients with more serious chronic health and make important contributions to reducing health disparities, fragmentation in the system and improving access to care. Nurse practitioners, for example, have a proven record of cost effective, quality care to patients with chronic health problems (Daly, Phelps, & Rudy, 1991; 1990; Campbell, 1993; Aiken, Lake, Semaan, et al., 1993; Everett, Schumacker, Wright et al., 2009; McCann, 2010).

Recent studies reaffirm the quality, effective care provided by NPs in a variety of specialties and settings within the increasingly complex health care environment. Nurse practitioners provide health promotion and health maintenance care that results in patient satisfaction and adoption of healthy lifestyles (Headly & Wall, 2000). Patients with chronic health problems cared for by NPs had higher rates of taking their medication than patients cared for by physicians (Offenbeek & Knip, 2004). Nurse Practitioners in pediatric acute care settings (Teicher, Crawford, Williams, et al., 2001), NPs in primary care (Horrocks, Anderson & Salisbury, 2002), NPs working with patients with HIV infection (Parry, Steward, Wright & McCleod, 2004) and NPs in a long term care setting (Intrator, Zinn, & Mor, 2004) improved patient outcomes. Hospitals with teams of physicians and NPs providing inpatient care have reduced costs and have demonstrated quality of care that is comparable to hospitals using only physicians for hospital based care (Ettner, Kotlerman, Afifi, et al., 2006; Chen, McNeese-Smith, Cowan et al., 2009).

In an era of limited resources and escalating costs the evidence indicates that NPs are pivotal to providing patients access to high quality, cost effective care. In recognition of the pivotal role that advance practice nurses will play in the healthcare reform recently passed signed into law by President Obama, the following provisions have been endorsed by AACN:

- Update funding levels for the Nursing Student Loan Program
- Extend participation in the Advanced Education Nursing grant program
- Expand the Loan Repayment and Scholarship program to include nursing faculty
- Expand nursing workforce diversity grants
- Amend the Public Health Service Act to end the 10% limit on doctoral students for the Advanced Education Nursing program
- Authorize funding for The Public Health Investment Fund
- Amend Title XVIII of the Social Security Act to provide payment for a portion of the costs associated with clinical educational activities by nursing programs
- Provide funding for the Public Health Workforce Corps and the National Health Service Corps
- Increase care coordination, improving patient outcomes and decreasing costs, specifically identifying nurse practitioners as leaders within the model

- Utilize nurse practitioners and other advance practice nurses to provide transitional support to Medicare patients upon hospital discharge to help preven rehospitalizations and improve patient outcomes (AACN, 2010) <http://www.aacn.neche.edu/Media/NewsWatch/2010/Mar.html>

## **2d. (2) Clinical Nurse Specialists**

The Advanced Population Health (APH) master's specialty at the WSU College of Nursing offers a Clinical Nurse Specialist option. The APH specialty divides into four separate "tracks" or focal areas. These are: the nurse educator track, the organizational leadership/administrative track, the care management track, and the individualized study option. Students from any of the four tracks may elect to take the 500 hours of supervised clinical required by the American Nurses Credentialing Center ANCC before they are allowed to take the community/public health clinical nurse specialist certification exam. Presently WSU College of Nursing enjoys a 100% pass rate for all community masters students who have completed the exam.

## **2d. (3) Nurse Educators and Nurse Administrators**

The nursing faculty shortage prompted increased attention to the need for more nurse educators, and healthcare facilities have led the call for nursing administrators with advanced degrees. The WSU College of Nursing initiated tracks within the Master's program to prepare nurse educators and nurse administrators to teach and lead in multiple arenas including higher education and clinical settings. While the MN will still continue to lead to these speciatly areas, the graduates will be abel to complete additional course work to obtain the DNP and become edicators in nursing doctoral programs or high level leaders in healthcare arenas.

The DNP program will prepare nurse leaders to design prevention models, evaluate health outcomes, and manage health care needs of populations and communities. The AACN identifies the benefits of a DNP program as preparing advanced practice nurses as leaders in each of these roles and more, assuring that complex care and fiscal challenges are met in our changing health care system. AACN's 2004 position paper specifies that DNP programs will contribute to:

- development of needed advanced competencies for increasingly complex practice, faculty and leadership roles;
- enhanced knowledge to improve nursing practice and patient outcomes;
- enhanced leadership skills to strengthen practice and health care delivery;
- better match of program requirements and credits and time with the credential earned;
- provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., practice faculty);
- enhanced ability to attract individuals to nursing from non-nursing backgrounds; and
- increased supply of faculty for practice instruction.

## **Activities by the College to Assess Need**

To assess the need and demand for the DNP, several activities were conducted. Five stakeholder focus groups were held in Spokane, Tri-cities, and Vancouver. Health care, nursing and community leaders were invited to provide input on their needs for DNP prepared nurses. College of Nursing students and alumni from 2001-2004 were surveyed to assess their knowledge of and interest in obtaining a DNP.

### *Focus Groups*

A Spokane focus group was conducted in late July 2006. In the following month, two focus groups occurred in Vancouver and two in Tri-Cities. A total of 92 stakeholders were invited and 16 attended. Participants included nurse executives, middle managers, strategic planners from hospitals and community agencies as well as alumni from our Master of Nursing Programs.

The focus group data were audio-taped, transcribed, and analyzed for themes. Several themes were uncovered in the analysis including: (a) a lack of concrete understanding of how the advanced practice nursing role would be changed; (b) strong opinions both for and against embracing the new advanced practice education requirements; and (c) enthusiasm about the potential of the new role and requests for partnerships with us now. Our Master of Nursing alumni were unanimous in their enthusiasm for more advanced education now that they had some practice experience.

#### *Student and Alumni Survey*

A total of 183 students and alumni responded to a survey. Sixty of the respondents were alumni and about half of the students were undergraduates and the other half graduate students. Sixty-four percent (n=117) were aware that the American Association of Colleges of Nurses has recommended that the DNP be the initial educational preparation for advanced practice nurses. Of those surveyed 131 said they would be interested in starting within the next two to ten years. The major reasons people were not interested in obtaining a DNP degree were that they were “too old” or because of the “amount of time and money” it would require.

Several factors were identified as being likely to encourage a person to enroll in the DNP program. Flexible course scheduling, tuition reimbursement and a job market that required the DNP would be likely to motivate people. Another important factor in deciding whether to pursue DNP education was the format of course offerings. Hybrid courses (a combination of on-site classes and web-based learning activities) were preferred by 106 of 160 respondents while 36 preferred classroom based courses and 21 preferred totally web based classes.

#### **Duplication**

Several DNP programs in the region have been implemented or planned to begin within the next year or two. Each program is designed in a way that it fulfills the AACN Essentials of DNP education yet they each offer a different program of study. This distinguishes them from one another and will also distinguish them from the College of Nursing’s DNP. Rather than duplication, the region will offer multiple programs that can be considered by potential students who can find the best fit for their needs.

The University of Washington implemented its DNP program in January 2007 with a cohort of post-master’s students. The first post-BSN students were admitted in summer/fall 2007. This DNP program allows students to take courses from any of 17 different focal areas and has students developing individualized programs of study.

Oregon Health and Science University post-master’s DNP program began in 2007. The post-master’s program is designed to admit only currently practicing advanced practice nurses who are nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. The program requires a master’s in nursing and as approximately half of all nurse anesthetists are educated in programs that are not in schools of nursing, many of these practitioners will not be eligible for the OHSU program of study.

The University of Portland (UP) implemented its DNP program in summer 2008. It admitted nurse practitioners and clinical nurse leaders to the post-master's program. The post-BSN program solely offers a family nurse practitioner program and has a special focus on integrative health. Currently the cohorts are 7 and 10 students.

The University of Washington and WSU have initiated preliminary discussions to identify ways in which the two universities can share resources to maximize the number of students who can be served by the DNP programs. Each university serves different geographic areas, different types of students, and has different resources. For example, UW tends to serve students in western Washington who are more likely to live within commuting distance of Seattle or students who are able to move to Seattle. WSU serves students in southwest, eastern and central Washington. Through the use of the Academic Media Services WSU televises classes across the state. Classes are also video streamed for students at a distance to watch on computer. These students are also able to interact live with classes using instant messaging. The University of Washington and WSU have worked together during the planning stages of this WSU program. For example, a DNP Summit was co-hosted in March of 2007 bringing faculty together from Alaska, Wyoming, Montana, Idaho, and Washington to discuss collaborative models. Collaborative agreements are being considered at this time.

Seattle Pacific University, Pacific Lutheran University, Gonzaga University and Seattle University are considering the DNP. Pacific Lutheran University may prepare generalists at the Master's level and serve as a feeder school to post-MN DNP programs. The Dean has indicated a desire to establish an articulation agreement when the WSU DNP program is established.

Several DNP programs are available for distance learners as well. Four programs were selected to be analyzed as competitors. Two are distance accessible, Rush University and Case Western University. The other two are regional competitors, the University of Washington and Oregon Health and Sciences University. Please refer to the detailed analysis of each program in the Competitive Analysis, Section Two of the Workbook for Analyzing Demand and Cost.

### **Uniqueness of WSU College of Nursing Program**

Our strengths include nursing education expertise as well as a multicultural transformation to ensure workforce diversity in nursing and global competencies. We are uniquely poised to sustain an ongoing market share of applicants. Our DNP program will assure that graduates demonstrate cultural competencies, are prepared to meet the needs of diverse populations and are prepared to reduce health disparities. Practice experiences will include working with diverse populations in urban, rural and global settings. The rural and international practice and research options will be particularly attractive to potential students.

There are no other DNP programs in the eastern region of Washington State. The Vancouver program, which has the largest number of advanced practice nursing students in the College, ostensibly will compete with the Oregon Health and Sciences University (OHSU) and the University of Portland (UP). The University of Portland, however, is a private university and not as financially accessible to some graduate students. Both programs as noted above are different in profiles of applicants and the types of program offered. The WSU College of Nursing will distinguish itself by offering a DNP program accessible to students using Academic Media Services to televise courses and video streaming of courses to serve students on multiple campuses and in rural areas. Courses will be web based or partially web based to offer another delivery mode; newer technologies such as Elluminate or Plycom (video

conference programs) and Angel (WSU online learning system) will enhance the learning experience for distant students. Thus this program will be accessible to people who cannot or would prefer not to move while enrolled. Some courses and the final capstone project supervision may require travel to a campus; however, practicum experiences may be arranged in or near the student's community. Offered full or part time, the WSU DNP program accommodates a variety of nurses including those who need to continue to working while enrolled in graduate school.

WSU Vancouver's department of nursing received planning grants from the Southwest Washington Medical Center's Foundation and the Samuel S. Johnson Foundation in both 2006 and 2007 to plan the DNP program. This demonstrates strong community based support for the program despite the availability of two other programs in the Vancouver area. Though these monies came from the Vancouver community the DNP program is a statewide venture and will be offered on multiple campuses.

## **Section IV. Goals, Objectives, and Student Learning Outcomes**

### **A. Goals and Objectives**

The College of Nursing faculty adopted the following DNP vision statement to guide the development and implementation of the program.

The Washington State University College of Nursing pursues opportunities to expand the frontiers of nursing knowledge, science and practice. The Doctor of Nursing Practice program will assure that graduates demonstrate cultural competencies, are able to meet the needs of diverse populations and are prepared to reduce health disparities. Practice experiences will include working with diverse populations in urban, rural, and global settings. Graduates of the Doctorate of Nursing Practice program will transform health care delivery through evidenced-based practice, participation in innovative research and by providing clinical, organizational, and educational leadership.

The College of Nursing proposes to establish a Doctor of Nursing Practice (DNP) degree program. The DNP will prepare nurses with competencies in advanced practice, practice inquiry and leadership. Specific goals for the DNP program include the following.

- Prepare graduate students in multiple locations throughout the region for compassionate, competent nursing practice and leadership in a complex health care environment by providing a high quality, innovative program that incorporates contemporary and traditional technologies and emphasizes critical thinking.
- Engage students in practice inquiry which enables them to integrate, translate and apply research into practice in the areas of patient care, leadership, education and policy.
- Meet the needs of diverse, underserved, rural and global communities by improving nursing education, health policy and professional nursing practice through advocacy, consultation, interdisciplinary partnerships, collaboration, continuing education and exemplary nursing practice.

The program evaluation will determine if the DNP provides a quality education that assures graduates have obtained the end-of-program competencies and are prepared to contribute to improvement in health care through practice, education, leadership and policy change. The evaluation also includes assessment of the diversity of the students, student progression, student satisfaction with the program and student commitment to working in underserved areas. Graduates of the program and employers of DNP graduates

will also be contacted to assess the graduates' contributions to health care. The evaluation will also include an assessment of the ways in which the DNP has affected their practice and professional involvement. The detailed program assessment plan is found in the tables Program Evaluation Matrix and Student Learning Outcome Evaluation Matrix below (Table 3). A sample of data collection tools, interview guides, and questionnaires are attached as Appendix II.

**Table 3: Program Evaluation Matrix**

EVALUATION FOCUS	MEASUREMENT INDICES	DATA SOURCE	TIME POINT
<b>Recruitment of a Diverse Student Body</b>	# of students from underrepresented groups	Admission applications	Annually
<b>Commitment of Students to Work in Underserved Areas</b>	# of students who report an interest in working with underserved populations	Admission application essay questions	Annually
<b>DNP Meets Student Expectations and Provides a Quality Learning Experience</b>	Student reports of expectations and satisfaction	Pre-matriculation interview Intra-program interviews End of program interviews Post-graduation interviews	Annually
<b>Curriculum Quality, Effectiveness and Cultural Competence</b>	1. Coursework and practica	1. Course evaluations	1. Each semester
	2. Cultural competence content in courses and practica	2. Course syllabi review Review of practice evaluations	2. Annually
	3. Capstone project	3. Committee Evaluation of Capstone Project	3. At end of project
	4. End of Program Student Evaluation	4. Student end of program evaluation form	4. End of program
<b>Faculty Advisement / Mentorship</b>	Faculty enhancement of student learning through advisement and mentorship	<ul style="list-style-type: none"> <li>Faculty Advising Assignments</li> <li>Review of student files for documentation of advising</li> <li>Number student publications, presentations, etc.</li> </ul>	Annually
<b>Interdisciplinary Partnerships with WSU schools/ colleges</b>	# and type of interdisciplinary learning experiences	Curriculum review and transcript review for # of courses in which students enroll outside of nursing	Annually
<b>Collaborative Partnership Building with Preceptors, Community-based Organizations and Stakeholders</b>	1. # of preceptors 2. # of community based organizations serving as sites for practica and capstone projects 3. # of representatives from community organizations serving on advisory board 4. # of community organizations that employ DNP graduates	1. Review of preceptor databases 2. Review of agency contracts 3. Advisory Board meeting reports 4. End of program student evaluations and post-program student and employer evaluations	Annually
<b>Financial Guidance &amp; Assistance</b>	1. # of tuition/stipend for TAs/RA 2. # traineeships/ fellowships	Student Financial report	Annually

## **B. Student Learning Outcomes**

The American Association of Colleges of Nursing (AACN) adopted a set of indicators for quality DNP education. These indicators include curricular elements and competencies referred to as the *DNP Essentials*. There are eight foundational essentials common to all graduates of a DNP program. AACN endorses competencies and essential content areas for specialty roles as being defined by national specialty nursing organizations. The eight DNP essentials are as follows (AACN 2006).

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation's Health
8. Advanced Nursing Practice

Based on the Essentials, the WSU College of Nursing developed the following set of student learning outcomes. In order to improve health care outcomes, the DNP graduate will be prepared to:

- I. Develop, evaluate and apply scientific theories of health, illness and human behavior to strategies and interventions.
- II. Lead in the vision, development, implementation, and evaluation of care delivery approaches that ensure ethical stewardship, accountability, quality, and patient safety.
- III. Translate evidence based research into practice.
- IV. Integrate, evaluate and apply new knowledge and technology in advanced practice, administration, and education.
- V. Serve as a leader in the development, implementation and evaluation of health care policy to advance the nursing profession and to advocate for social justice, equity and ethical policies in all aspects of healthcare.
- VI. Provide leadership in collaborative efforts among health professionals and with clients and community partners.
- VII. Analyze and translate scientific information related to the health of diverse populations to reduce health disparities in urban, rural, and global settings and to transform care delivery systems to prevent illness and optimize health.

VIII. Apply advanced clinical judgment and accountability in the design, delivery and evaluation of evidence based care to individuals, families and populations.

The detailed student learning outcomes assessment plan is found in Table 4 below. A sample of data collection tools, interview guides, and questionnaires are attached as Appendix II.

**Table 4: Student Learning Outcome Evaluation Matrix**

EVALUATION FOCUS	MEASUREMENT INDICES	DATA SOURCE	TIME POINT
<b>Student Retention</b>	1. Percentage of students in each class cohort who remain enrolled each year  2. Reasons for Dropping Out of Program	1. Graduate program reports  2. Student Exit Interview	1. Annually  2. Point of Exit
<b>Student Progression</b>	1. Percentage of students who successfully pass each course  2. Percentage of students who successfully complete each practica  3. Faculty advisor's annual student review  4. Preceptor evaluation of student performance  5. Capstone project evaluation by committee members  6. # of years to complete program  7. # of students/percentage of each class cohort who successfully complete program	1. On line transcripts  2. On line transcripts and faculty course evaluations  3. Student annual review form  4. Preceptor evaluation forms and faculty evaluation of student forms  5. Committee forms  6. Transcript  7. Graduation rates	1. Annually  2. Annually  3. Annually  4. Each semester  5. During project  6. End of program 7. Annually
<b>DNP Meets Student Expectations and Provides a Quality Learning Experience</b>	Student reports of expectations and satisfaction	<ul style="list-style-type: none"> <li>• Pre-matriculation interviews</li> <li>• Intra-program interviews</li> <li>• End of program interviews</li> <li>• Post graduation interviews</li> </ul>	Annually; 1, 3 and 5 years post graduation
<b>National Certification</b>	1.# of graduates who obtain certification  2. Types of certification obtained	Graduate interviews/surveys	1 and 3 years post graduation
<b>Employment Profile &amp;</b>	# of positions that graduates obtain that require advanced practice, education, practice inquiry and leadership competencies	1. Graduate interviews/surveys  2. employer surveys	1 and 3 year post graduation
<b>Leadership Contributions</b>	# and type of leadership contributions at the local, state, regional, national & international level	1. Graduate interviews/surveys  2. Review of nursing and health care organizations' boards and committees  3. Employer surveys	1 and 3 year post graduation



EVALUATION FOCUS	MEASUREMENT INDICES	DATA SOURCE	TIME POINT
<b>Health Policy Contributions</b>	# and type of contributions to health policy	1. Graduate interviews/surveys  2. Employer surveys  3. Review of nursing, health care organizations and governmental agencies web sites to determine visibility of DNP graduates in contributing to policy development	1 and 3 year post graduation
<b>Commitment to Underserved Populations</b>	# of students who are working with underserved populations	Post-graduation interviews/surveys	1 and 3 year post graduation
<b>Impact on Health Care System and Health Outcomes</b>	# of graduates who contribute to the improvement in the delivery of health care and improved health outcomes.	1. Graduate interviews/surveys  2. Employer surveys	1 and 3 year post graduation

## Section V. Curriculum

To achieve the competencies specified in AACN's DNP Essentials and to meet student learning objectives, a core foundational DNP curriculum is required for all students enrolled in the DNP program. The current master's level programs will serve as the foundation of the proposed DNP program. The College of Nursing requests approval for a DNP program that allows for two entries: 1) a post-BSN to DNP Program, with students progressing through the current MN courses first, followed by the upper level DNP courses, and 2) a post-MN to DNP Program for students with previous master's degrees in a specialty area. Initially, students admitted to the DNP program will be post-BSN; however, given the market changes expected with the enforcement of the AACN DNP mandate in 2015, the College of Nursing program will be nimble and flexible to respond to the educational needs of nurses presently and into the future. All curricula, including the DNP core, MN for FNP, MN for PMHNP and MN for Population-Based are presented here with options for full and part-time study.

### I. BSN to DNP Curriculum

A post-BSN DNP program will be offered based on the national mandate to require the DNP for advance practice. The post-BSN DNP program will integrate the current master's program advanced practice curricula for the Family Nurse Practitioner and for the Psychiatric Mental Health Nurse Practitioner. Students in the Advanced Population Health track will be able to graduate from the program with a Masters degree or can take additional course work to obtain the DNP in their specialty. The post-BSN curriculum will integrate the current master's degree curricula (outlined in Tables 5 through 7 below) with the core DNP curriculum (Tables 8 & 9). The DNP degree will require a minimum of 73 graduate credits. The new DNP courses have already progressed through the approval process at the College of Nursing and the Washington State University committees and Faculty Senate.

**Table 5: 1<sup>st</sup> 2 years of FNP Program of Study**

Family Nurse Practitioner Core Program Of Study Full-Time Student	
First Year	
Summer	Credits
NURS 479 - Adv. Physiology for Clinicians	nc (optional preparatory course for N581)
NURS 503 – Scientific Inquiry in Nursing	2

<b>Total</b>	<b>2</b>
<b>Fall</b>	
NURS 563 – Adv. Pharmacology	4
NURS 575 – Diagnostic Tests	3
NURS 581 – Adv. Pathophysiology	4
<b>Total</b>	<b>11</b>
<b>Spring</b>	
NURS 504 – Methods of Nursing Research	4
NURS 507 – Health Care Policy Analysis	2
NURS 562 – Adv. Health Assessment	4
<b>Total</b>	<b>10</b>
<b>Summer</b>	
NURS 567 – Primary Care of Families: Adults & Elders	4
NURS 570 – Clinical Seminar	1
NURS 537 – Role Analysis	2
<b>Total</b>	<b>7</b>
Second Year	
<b>Fall</b>	<b>Credits</b>
NURS 568 – Primary Care of Families: Infants, Children and Adolescents	4
NURS 595 – Internship*	2
NURS 702 – Research Practicum	1
or NURS700 - Thesis	3
<b>Total</b>	<b>7/9</b>
<b>Spring</b>	
NURS 569 – Primary Care of Families	4
NURS 595 – Internship	3
NURS 702/700 – Research Project or Thesis	2/3
<b>Total</b>	<b>9/10</b>
<b>Total Credits Required: 46 Non-Thesis Option or 49 with Thesis</b>	
*5 credits of Internship are required and may be taken over several semesters.	
<b>Family Nurse Practitioner Core</b> <b>Program Of Study</b> <b>Part-Time Student</b> <b>Option 1</b>	
First Year	
<b>Summer</b>	<b>Credits</b>
NURS 479 - Adv. Physiology for Clinicians	nc (optional preparatory course for N581)
NURS 503 – Scientific Inquiry in Nursing	2
<b>Total</b>	<b>2</b>
<b>Fall</b>	
NURS 563 – Adv. Pharmacology	4
NURS 581 – Adv. Pathophysiology	4
<b>Total</b>	<b>8</b>
<b>Spring</b>	
NURS 504 – Nursing Research	4
NURS 562 – Adv. Health Assessment	4
<b>Total</b>	<b>8</b>
<b>Summer</b>	
NURS 567 – Primary Care of Families: Adults & Elders	4
NURS 570 – Clinical Seminar	1
NURS 537 – Role Analysis	2
<b>Total</b>	<b>7</b>

<b>Second Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 568 – Primary Care of Families: Infants, Children and Adolescents	4
NURS 575 – Diagnostic Tests	3
NURS 595 – Internship*	1
<b>Total</b>	<b>8</b>
<b>Spring</b>	
NURS 507 – Health Care Policy Analysis	2
NURS 569 – Primary Care of Families	4
NURS 702 – Research Practicum	1
or NURS 700 Thesis	3
NURS 595 – Internship	1
<b>Total</b>	<b>8/10</b>
<b>Summer</b>	
NURS 595 – Internship	3
NURS 702 – Research Project/NURS 700 Thesis	2/3
<b>Total</b>	<b>5/6</b>
<b>Total Credits Required: 46 Non-Thesis Option or 49 with Thesis</b>	
*5 credits of Internship are required and may be taken over several semesters.	

**Table 6: 1<sup>st</sup> 2 years of Psychiatric/Mental Health NP Program of Study**

Psychiatric/Mental Health Nurse Practitioner Core Program of Study Full-Time Student	
<b>First Year</b>	
<b>Summer</b>	<b>Credits</b>
NURS 479 – Pathology Preparation	nc (optional preparatory course for N581)
NURS 503 – Scientific Inquiry	2
NURS 562 – Advanced Health Assessment & Differential Diagnosis	4
<b>Total</b>	<b>6</b>
<b>Fall</b>	
NURS 507 – Health Policy	2
NURS 541 – Psych/Mental Health: Individuals	4
NURS 581 – Adv. Pathophysiology	4
<b>Total</b>	<b>10</b>
<b>Spring</b>	
NURS 504 – Methods of Nursing Research	4
NURS 543 – Psych/Mental Health: Groups & Families	4
NURS 561 – Advanced Health Assessment and Diagnosis for the PMHMP	3
<b>Total</b>	<b>11</b>
<b>Summer</b>	
NURS 702 – Research Practicum or NURS700 – Thesis	Varies
<b>Total</b>	<b>Varies</b>
<b>Second Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 525 – Practical Psychiatric Drug Therapy for Clinicians	3
NURS 546 - Nursing Practicum in Psychiatric/Mental Health Nursing	5
NURS 542 – Role Development and Practice Management for PMHMP	2
NURS 702 – Research Practicum	3
or NURS700 - Thesis	Varies
<b>Total</b>	<b>10+</b>

<b>Spring</b>	
NURS 548 – Psychiatric Nurse Practitioner Internship	5
NURS 549 – Dimensions of Substance Abuse	2
NURS 702/700 – Research Project or Thesis	Varies
<b>Total</b>	<b>7+</b>
<b>Psychiatric/Mental Health Nurse Practitioner Core Program Of Study Part-Time Student</b>	
<b>First Year</b>	
<b>Summer</b>	<b>Credits</b>
NURS 479 – Pathology Preparation	nc (optional preparatory course for N581)
<b>Total</b>	<b>0</b>
<b>Fall</b>	
NURS 503 – Scientific Inquiry	2
NURS 581 – Adv. Pathophysiology	4
<b>Total</b>	<b>6</b>
<b>Spring</b>	
NURS 507 – Health Policy	2
NURS 549 – Dimensions of Substance Abuse	2
NURS 561 – Advanced Health Assessment and Diagnosis for the PMHMP	3
<b>Total</b>	<b>7</b>
<b>Summer</b>	
NURS 562 – Advanced Health Assessment & Differential Diagnosis	3
<b>Total</b>	<b>3</b>
<b>Second Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 541 – Psych/Mental Health: Individuals	4
PharmP 525 – Practical Psychiatric Drug Therapy for Clinicians	3
<b>Total</b>	<b>7</b>
<b>Spring</b>	
NURS 504 – Methods of Nursing Research	4
NURS 543 – Psych/Mental Health: Groups & Families	4
<b>Total</b>	<b>8</b>
<b>Summer</b>	
NURS 702 – Research Practicum or NURS700 – Thesis	Varies
<b>Total</b>	<b>Varies</b>
<b>Third Year</b>	
<b>Fall</b>	
NURS 542 – Role Development and Practice Management for PMHMP	2
NURS 546 - Nursing Practicum in Psychiatric/Mental Health Nursing	5
NURS 702 – Research Practicum or NURS700 – Thesis	Varies
<b>Total</b>	<b>7+</b>
<b>Spring</b>	
NURS 548 – Psychiatric Nurse Practitioner Internship	5
NURS 702 – Research Practicum or NURS700 – Thesis	Varies
<b>Total</b>	<b>7+</b>

**Table 7: 1<sup>st</sup> 2 years of Community Based/Population Focused**

<b>Advanced Population Health Program Of Study Core</b> <b>Administration/Organizational Leadership Specialty</b> (This is one example of the ABH tracks available-for information on other tracks please see <a href="http://www.nursing.wsu.edu/academics/GraduateHB2009-10.doc">http://www.nursing.wsu.edu/academics/GraduateHB2009-10.doc</a> ) <b>Program of Study</b> <b>Full-Time Student</b>	
<b>First Year</b>	
<b>Fall</b>	
NURS 597 – Quality Improvement and Program Evaluation	3
NURS 507 – Health Policy	2
NURS 554 – Epidemiology	3
NURS 564 – Health Promo	3
<b>Total</b>	<b>11</b>
<b>Spring</b>	
NURS 598 – Resource Stewardship	3
NURS 550 – International, Interdisciplinary, Transcultural Health Care	3
NURS 552 – Family Nursing in the Community	2
NURS 503 – Scientific Inquiry	2
<b>Total</b>	<b>10</b>
<b>Summer</b>	
NURS 702 – Research Practicum or NURS700 – Thesis	Varies
<b>Total</b>	<b>Varies</b>
<b>Second Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 504 – Research Methods	4
NURS 566 – Community Analysis and Program Planning	3
NURS 597 – Health care Management	3
NURS 702 – Research Practicum or NURS700 - Thesis	1-2 Varies
<b>Total</b>	<b>10+</b>
<b>Spring</b>	
NURS 565 – Information Management in Health Care	3
NURS 556 – Community Based Population Focused Practicum	3-6
NURS 702/700 – Research Project or Thesis	1-4 varies
<b>Total</b>	<b>7+ (40-41 total semester credits required)</b>
<b>Advanced Population Health Program Of Study Core</b> <b>Part-Time Student</b> <b>Education Track—Clinical Nurse Specialist</b> (This is one example of the four CBPF tracks available-for information on other tracks please see <a href="http://www.nursing.wsu.edu/academics/GraduateHB2007-08.doc">http://www.nursing.wsu.edu/academics/GraduateHB2007-08.doc</a> p.27)	
<b>First Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 554 – Epidemiology	3
NURS 564 – Health Promotion	3 (45 clinical hrs)
<b>Total</b>	<b>6</b>
<b>Spring</b>	
NURS 550 – International, Interdisciplinary, Transcultural	3
NURS 552 – Family in the Community	4 (90 clinical hrs)
<b>Total</b>	<b>7</b>
<b>Summer</b>	
NURS 503 – Scientific Inquiry	2
NURS 555 – Internship	2 (90 clinical hrs)

<b>Total</b>	<b>4</b>
<b>Second Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 566 – Community Assessment	3 (45 clinical hrs)
NURS 520 –Nursing in a Multicultural Society	3
NURS 555 – Internship	1 (45 clinical hrs)
<b>Total</b>	<b>7</b>
<b>Spring</b>	
NURS 507 – Health Care Policy Analysis	2
NURS 519 – Nursing Education in the Technology Age	3
NURS 565 – Information Management for Nursing	3
<b>Total</b>	<b>8</b>
<b>Summer</b>	
NURS 555 – Internship	1 (45 clinical hrs)
NURS 702 – Research Project	1
<b>Total</b>	<b>2</b>
<b>Third Year</b>	
<b>Fall</b>	<b>Credits</b>
NURS 504 – Research Methods	4
NURS 521 –Teaching Learning Evaluation	3
NURS 502—Research Project	1
<b>Total</b>	<b>8</b>
<b>Spring</b>	
NURS 523 – Nursing Education: Past, Present, Future	3
NURS 556 – Advanced Practicum in Community	3 (135 clinical hrs)
NURS 702 – Research Practicum	1
<b>Total</b>	<b>7</b>
<b>Total credits=49, total clinical hrs=495 student graduates with CNS hrs and Nurse Educator Certificate</b>	

Following the FNP, PMHNP or APH core courses the student will progress into the last year of study to graduate from the program with the DNP degree. The courses for that last (third) year of full-time study (or variable time for the part-time student) follows.

**Table 8: DNP Core Curriculum (Full time over one calendar year)**

Fall	Spring	Fall
<b>N518 Translating Evidence into Advanced Practice</b> 3 credits	<b>N565 Information Management for Nursing Practice</b> 3 credits	<b>N553 Seminar in Inter-professional Collaboration</b> 1 credit
<b>N539 Scientific Foundations of the DNP Role</b> 2 credits	<b>N591 Mixed Methods for Outcomes Evaluation</b> 3 credits (2 credits theory & 1 credit practicum)	<b>N580 Practicum in Advanced Nursing Practice †</b> (1 credit required, 5 elective credits and can be taken in any semester)
<b>N511 Rural Cultural and Global Competencies for Population Health</b> 2 credits	<b>N576 Organizational Systems and Leadership: Seminar &amp; Practicum</b> 2 credits (1 credit practicum & 1 credit seminar)	<b>N505 Capstone Project</b> 1 seminar credit (1-4 credits practicum)
<b>N512 Rural and Cultural Competencies for Population Health Practicum*</b> (1-2 credits. This practicum can be taken in any semester.)	<b>N580 Practicum in Advanced Nursing Practice</b> (1 credit required, 5 elective credits and can be taken in any semester)	<b>N506 Practice Inquiry Capstone</b> 1 seminar credit (1 – 4 credits practicum)

**Table 9: DNP Core Curriculum (Five Semester Plan for Part-time Study)**

Fall	Spring	Summer	Fall	Spring
<b>N518 Translating Evidence into Advanced Practice</b> 3 credits	<b>N565 Information Management for Nursing Practice</b> 3 credits	<b>N576 Organizational Systems and Leadership: Seminar &amp; Practicum</b> 2 credits (1 credit practicum & 1 credit seminar)	<b>N505 Practice Inquiry Capstone</b> 1 seminar credit (1-4 credits practicum)	<b>N506 Capstone Project</b> 1 seminar credit (1-4 credits practicum)
<b>N511 Rural Cultural and Global Competencies for Population Health</b> 2 credits	<b>N591 Mixed Methods for Outcomes Evaluation</b> 3 credits (2 credits theory & 1 credit practicum)		<b>N553 Seminar in Inter-professional Collaboration</b> 1 credit	<b>N580 Practicum in Advanced Nursing Practice†</b> (1 credit required, 5 elective credits and can be taken in any semester)
<b>N580 Practicum in Advanced Nursing Practice †</b> (1 credit required, 5 elective credits and can be taken in any semester)	<b>N539 Scientific Foundations of the DNP Role</b> 2 credits		<b>N580 Practicum in Advanced Nursing Practice†</b> (1 credit required, 5 elective credits and can be taken in any semester)	

Fall	Spring	Summer	Fall	Spring
<b>N512 Rural and Cultural Competencies for Population Health Practicum*</b> (1-2 credits. This practicum can be taken in any semester.)				

† Practicum in Advanced Nursing Practice include mentored practica in a wide variety of areas dependent on students' area of interest, for example program development, direct patient care, and teaching. This optional course elective is highly recommended.

\* N512 Cultural Competencies for Population Health Practicum of 1 credit is a program requirement.  
8 total Capstone Practicum credits are required by completion of program

It is recommended that the summer before beginning the core program, students take N799, a (2 credits) course, to develop the necessary research, technical, and writing skills needed for the program. A pre-assessment will be available to determine if the course is required and if not, a student can opt out of the option. This course is shared with students from the PhD and will be taught in the summer prior to beginning the DNP and will be fiscally self supporting.

## **II. MN to DNP Curriculum**

For the student who has completed a master's degree as an advanced practice nurse, credits earned towards the master's degree will be accepted as part of the DNP requirements. All students will need a minimum of 31 credits post master's or 73 credits post baccalaureate for the DNP degree. The post-master's DNP program must be one full year in length according to AACN guidelines so that the proposed DNP program is planned as a minimum of three semesters of full time study or five semesters of part time study (see Tables 8 & 9 above).

Many of the DNP students will have worked as clinicians, educators and/or health care administrators, with some graduate level credits, prior to beginning the DNP program. Thus, some of their prerequisite credits may be older than 10 years. The College of Nursing will assess the prerequisite courses on an individual basis regardless of the time they were completed and obtain approval for accepting coursework older than 10 years when appropriate. When deficits are identified, alternative coursework will be required.

For a post-master's student, credits will be obtained in the following core distribution.

**Credits Accepted from the Master's Degree (these are "waived" credits from students' master's degree)**

- 31-43 credits based on WSU approval

### **Post-Master's DNP Requirements**

#### **Integrative Core – 3 credits**

- Scientific Foundations of the DNP Role
- Inter-professional Seminar



**Advanced Practice – 10 credits**

- Capstone -The Capstone is an integrative experience that synthesizes practice inquiry, leadership and advanced practice.

**Practice Inquiry – 12 credits**

- Rural and Cultural Competencies for Population Health
- Rural and Cultural Competencies for Population Health Practicum
- Translating Evidence to Advanced Practice
- Mixed Methods for Outcomes Evaluation
- Information Management for Nursing Practice

**Leadership – 5 credits**

- Organizational Systems and Leadership Seminar and Practicum
- Health Policy and Practicum

**Electives**

- Additional elective credits based on evaluation of MN level courses and the student's area of interest.
- It is strongly recommended that a minimum of one elective credit be the Practicum in Advanced Nursing Practice.
- National certification in advanced practice may require practicum credits that can be taken as electives.

The minimum credit distribution in the post-master's program reflects the need to assure that graduates meet DNP program competency expectations. Each student will be required to successfully complete a preliminary doctoral examination. In addition, rather than a traditional dissertation, a practice inquiry project, referred to as a capstone project, will be required. At the point the DNP student's committee assesses the student's readiness; he/she will be allowed to proceed to the capstone project. The focus of the project will be an investigation of a research question related to practice, education, the health care delivery system, or a health care policy issue. A final doctoral examination in defense of the capstone project will be required.

DNP graduates need to be prepared to utilize research in practice and to participate in research relevant to their practice. To provide a breadth of educational experience and to allow students to meet individual learning objectives, the DNP curriculum will include elective courses. These courses may be selected from graduate courses in the College of Nursing as well as other WSU schools and programs such as the College of Pharmacy, education, nutrition and health policy, business and administration.

**See DNP course objectives in Appendix III and the core curriculum syllabi in Appendix IV.**

**Section VI. Uses of Technology**

We expect to use AMS and video conferencing, telephone conferencing, email, and Angel online Learning System for course delivery and interactions among students and faculty. The College and campuses have a long and successful history of implementing teaching technology.

Throughout the program students will be introduced to systems, tools and techniques for capturing and analyzing clinical data such as Personal Data Assistants (PDAs), podcasts, and video streams to improve the health care system. Theory-based and hands-on learning in the application of technology to model and understand clinical problems will be integrated with a focus on these skills in NURS 565 “Information Management for Clinical Practice.” Students need understanding of technological applications that allow examination and modeling of constructs such as socio-economic status (indicated by gender, race, ethnicity, income, etc.) and geography to assess their association with health and clinical outcomes from a population focus. The DNP Essentials document supports this essential knowledge, and the College of Nursing is a leader in applying these skills and teaching students to use them currently and in later clinical practice. A faculty leader is instrumental in the eastern Washington clinical data repository, a rich source of study and analysis for DNP students as they learn to apply evidence-based approaches to care.

The program will build on the College’s existing strengths in offering didactic content by AMS and videoconferencing. There will be a need for ongoing assessment to address systems, including bandwidth, equipment, and personnel, and a need to adjust infrastructure in order to meet demand. Recent meetings at Riverpoint campus and across the university have addressed the needs for growing technological systems for student applications. See Table 10 for further description of technology infrastructure growth.

#### **A. Spokane**

Information and Academic Technology at the CON shares resources with the entire WSU-Spokane Riverpoint campus, and supports all computing, telecommunications, and multimedia needs of the College community by providing a variety of services and technologies, including Local and Wide Area Networking services, Internet access, electronic mail, student computing and multimedia labs, specialized faculty and research computing workrooms, technology training, on-line teaching and learning, distance education classrooms, videoconferencing, streaming media, media production, information security, and consulting. All buildings on campus and quite new and technology is an integral part of the systems. The nursing building is well equipped with examination rooms, simulation laboratory, and other technology that enhances student learning and practice. Doctoral student carrels with computer and wireless access are available for all doctoral students.

#### **B. Vancouver**

Nursing on the WSU Vancouver campus is located in modern facilities, similarly furnished as those in Spokane. Classrooms are shared with other programs on that campus and include a number of rooms with audiovisual, computing, and voice connectivity.

All students are eligible for an email account and access to campus computing resources. Vancouver has three student computing labs which are open weekdays and evenings, as well as half days on the weekend. Available resources in the student computing labs include Windows XP based computers, digital scanner, and printing. All PC's are loaded with standard software packages including Adobe Photoshop CS2, Microsoft Office 2003 (Word, Excel, PowerPoint, Access), Macromedia Dreamweaver 8, SPSS, email capability, web browsing Secure telnet, FTP and assorted class-specific software.

Information Technology also supports three Computer Classrooms that are scheduled for classes only. These classrooms contain 69 PC computers (40 with Windows XP and 29 with Windows 98), three Macintosh computers, a scanner and printers. Computer classrooms are equipped with overhead computer projection at instructor stations and two classrooms contain full media equipment and Smartboard technology. Software in the instructional labs include Microsoft office suite XP, SPSS, Dreamweaver,

Studio MX, Photoshop and standard email and browser clients.

A "mock" examination room contains tables, bookshelves, and a computer. Space for doctoral student desks and computers is expected to be located in one of these rooms. There are seven IP videoconferencing stations on campus, which provide the opportunity for faculty and students to communicate with one another from different locations around the state.

### **C. Tri-Cities**

Students enrolled in Tri-Cities have access to courses through the AMS system. This campus is the hub of the central Washington system. Students in other communities such as Yakima and Walla Walla will be able to access classrooms, library, internet and other services on the Tri-Cities campus.

### **Infrastructure Improvements**

As part of the WSU statewide system, the CON already utilizes the technology necessary to transmit lectures to regional campuses, learning centers and individuals who reside in areas where campuses or learning centers do not exist. Planning for ongoing improvements and modernization of equipment and services occurs and will continue in the future.

**Table 10: Infrastructure Improvements**

<b>Infrastructure Needs</b>	<b>Improvements</b>
WSU Academic Media Services (AMS)	The DNP is planned as a statewide program. There is institutional support for needed IP videoconferencing options and specialized classrooms.
Video stream technology	As the program grows (year 2 and 3) there may be a need to increase video streaming capacities to provide statewide access particularly to rural/underserved student populations. Server upgrades are budgeted each year at \$5,000.
Computer labs	Additional computers may be needed in 2013.
Nursing skills labs	Current lab facilities meet projected needs. Spokane's new Riverpoint facility includes simulation labs. In Vancouver, there is discussion of developing a cooperative agreement with Clark Community College to use its state of the art nursing simulation lab. Clark's nursing building is on WSU Vancouver campus. Shared resources with Oregon Health and Sciences University are already present in the master's FNP program.
Library facilities	Additional online subscriptions will be necessary (addressed in budget in library section).
Classrooms	With increased numbers of students on WSU campuses, additional classroom space may be needed in 2014. Nursing classrooms are usually AMS course rooms and are shared among all other programs.

## **Section VII. Delivery Methods**

It is essential that the DNP program be accessible to nurses who live in rural areas or who are geographically bound. In addition, if a formal collaboration between WSU and UW develops, it will likely require that students at each institution be able to access the courses of the other institution using distance technology. The Inter-Professional course will also require distance technology as students from other programs will be based on a variety of campuses. Practice experiences will include working with diverse populations in urban, rural, and global settings.

The WSU College of Nursing has a great deal of experience and success with offering courses using distance technology. While some classes remain face-to-face, others are hybrid courses that include some

face-to-face classes as well as web based modules. For example, N507 Health Care Policy Analysis has three class days, six hours in length with the remainder of the course delivered using Angel and web based modules. In addition, distance students are able to access face-to-face televised courses using video stream either synchronously or asynchronously. The DNP program will use all of these modalities. In summary, delivery methods include:

- Use of AMS and/or video IP between Spokane, Vancouver, and Tri-Cities for didactic coursework.
- Use of video stream on a synchronous or asynchronous basis
- Hybrid courses that combine face-to-face classes with web based delivery
- Web based courses

Most courses will be delivered using a hybrid model. The key issues remain maintaining high quality educational outcomes while providing access for rural/working nurses.

## Section VIII. Students

Forty BSN-prepared students will be admitted each fall into the DNP program; this reflects an estimated FTE of 27 students. During the early years of the DNP initiation, students from the MN program will need to complete their coursework, in line with the WSU policy that allows students 6 years to complete graduate work upon entry into the program. This will allow the College to gradually decrease the number of master's students since no new ones will be admitted into the master's degree (except for a limited number in the Advanced Population Health area) once the DNP is initiated. While the decrease in master's students occurs, the DNP students will be admitted at a rate of 40/year. The first graduates from the DNP will complete three years after they begin, leading to a "steady state" by year 3 of the program.

In order to demonstrate the build-up of the DNP and gradual diminution of the Master's programs (leaving finally only the Master's in advanced Population Health), the following table 11a should be considered. The projections were made considering that the Master's program has had from 140-174 FTEs for the last few semesters, from 2008-2010. Further, if high demand is addressed, the present high demand totals are 68.9 for Spokane and 65.5 for Vancouver, for a total of 134.4. The final number for the programs will maintain the high demand target while decreasing the FTE slightly from the present level in line with the capacity of the College for the oversight of students in a practice doctoral program.

**Table 11a: Student Master's and DNP Enrollment**

<b>Semester</b>	<b>Master's FTE</b>	<b>DNP FTE</b>	<b>Total</b>
Fall 2011	140		140
Fall 2012	120	27	147
Fall 2013	90	54	144
Fall 2014	55	81	136
Fall 2015	55	81	136

**Table 11b: Target Student Enrollment**

<b>DNP</b>								
<b>HEADCOUNT</b>								
Cohort	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
1	40	40	40	40	40	40	40	
2			40	40	40	40	40	40
3					40	40	40	40
4							40	40
Total	40	40	80	80	120	120	160	120
<b>FTE</b>								
1	27	27	27	27	27	27	27	
2			27	27	27	27	27	27
3					27	27	27	27
4							27	27
Total	27	27	54	54	81	81	108	81
<b>MN</b>								
<b>HEADCOUNT</b>								
Cohort	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
1	33	33	33					
2			33	33	33			
3					33	33	33	
4							33	33
Total	33	33	66	33	66	33	66	33
<b>FTE</b>								
1	22	22	22					
2			22	22	22			
3					22	22	22	
4							22	22
Total	22	22	44	22	44	22	44	22
<b>TOTAL</b>								
Headcount	73	73	146	113	186	153	226	153
FTE	49	49	98	76	125	103	152	103
AAFTE		49		87		114		127.5

The DNP will admit students through Spokane, Vancouver, and TriCities campuses. The program will be offered both full and part time; the latter option is popular as many DNP students need to remain employed concurrent with their doctoral studies.

Initiation of a post-BSN DNP program will depend on decreasing and eventually phasing out the MN programs in the FNP and PMHNP areas, to ensure adequate faculty resources. Our capacity to exceed the goal of 40 students admitted each year and to have full time students will depend on graduation rates,

faculty resources and fiscal resources. Students for the DNP will initially be admitted only in fall. If resources allow as the program develops, students may be admitted fall and spring. We will re-evaluate our enrollment numbers and budget carefully each year.

## **B. Admission Requirements**

### **Post-BSN to DNP Admission Criteria**

1. A bachelor's degree in nursing from a national accrediting agency
2. A minimum 3.00 grade point average in undergraduate work (exceptions may be made based on substantial evidence of extra-scholastic qualifications)
3. Admission to the WSU Graduate School
4. Statement of professional goals and how this degree will meet those goals
5. Recent history taking and physical assessment skills
6. Successful completion of a basic statistics course
7. Three favorable recommendations regarding practice and potential for graduate work in nursing
8. Successful completion of an admission interview
9. Submission of an example of scholarly work
10. Written goal statement congruent with program's philosophy and focus
11. Professional resume or curriculum vita
12. Official transcripts from all previous college work
13. Eligibility for licensure to practice nursing in Washington

### **Post-master's to DNP Admission Criteria**

Admission requirements for the post-master's DNP applicant are as follows.

1. A master's degree from an accredited nursing program or related field
2. Competitive GPA in a graduate program
3. Satisfactory completion of graduate level general statistics course
4. Admission to the WSU Graduate School
5. Statement of professional goals and how this degree will meet those goals
6. Successful completion of an admission interview
7. Submission of an example of scholarly work
8. Professional resume or curriculum vita
9. Three letters of references from professional colleagues preferably from nurses, nursing faculty or nurse managers
10. Official transcripts from all previous college work
11. Proof of an unencumbered registered nurse licensure and documentation of national specialty certifications if applicable

### **Additional Requirements for Specific Pathways**

#### **Advanced Population Health Admission Criteria**

- Complete a written interview

#### **Family Nurse Practitioner Admission Criteria**

- Complete a written interview

#### **Psychiatric/Mental Health Nurse Practitioner Admission Criteria**

- Complete a written and in-person interview
- Nursing experience is recommended, ideally in psychiatric nursing

### C. Expected Time for Program Completion

Post-BSN to DNP students registered for full time study could complete the DNP in three years total (including one summer). Part time students will be able to complete the program in four and a half years. Should a student elect to take fewer courses per semester than proposed in the sample curricula, the length of completion will extend as each DNP core course will initially be offered only once a year.

In the future, if post-Master's students articulate into the DNP core courses, we expect that they will be part time students and will complete the DNP portion of the program in three full time or five part time semesters.

### D. Advising

Faculty members in each of the programs will provide academic advising for the students. Each DNP student and assigned faculty mentor will develop an individualized program of study based on the student's background and professional goals. A DNP Program Committee will review and approve the individual student's program of study. This committee will be composed of the Associate Dean for Graduate Programs and two doctorally prepared faculty members. Requests for course waivers, the transfer of credits from a master's program, or transfer of credits from another doctoral program will be reviewed and granted, as applicable. Advisors will be assigned by the Associate Dean for Graduate Programs and will be based on the campus where the student is enrolled, the student's area of practice and anticipated area of focus during the DNP program, and faculty load. Careful consideration will be given to assuring faculty have enough orientation, time and resources to provide quality advising for each student.

### E. Diversity

Caring for underserved populations, decreasing health disparities, and improving health for vulnerable people are major themes that recur throughout the doctoral curriculum. The College is working to increase diversity among our faculty to aid in student recruitment and retention. Three of the recently hired tenure track faculty are members of minority groups.

DNP program advertisements will be placed in selected journals such as *Minority Nurse*, *The International Journal of Hispanic Health Care*, and in *National Coalition of Ethnic Minority Nurses Association* publications. The College of Nursing Native American Recruitment and Retention Coordinator will attend conferences, visit the tribes, and distribute literature to qualified individuals. Literature on the program will be shared with military personnel and the Hispanic community in Washington State.

The College of Nursing is committed to recruiting diverse DNP students with an emphasis on underrepresented groups and students from rural communities. This commitment is exemplified by the following factors.

- **The College of Nursing actively pursues systematic multicultural transformation of its climate, faculty and curriculum.** The College of Nursing has a diversity committee that examines and develops initiatives related to institutional climate, inclusiveness and awareness. Time and monetary resources have been invested in helping faculty revise their curriculum to meet

multicultural needs. Dr. Margie K. Kitano, Associate Dean in the College of Education, San Diego State University, and co-author of the book *Multicultural Transformation in Higher Education: A Broader Truth* was engaged as a consultant for that process. This has led to tangible results such as curriculum revisions as well as changes to the process of yearly evaluations. The strategic plan identifies exploration of global competencies as one of the current goals.

- **Faculty is dedicated to changing the composition of membership in the nursing profession.** Intramural and extramural grants of many nursing faculty focus on facilitating the growth of minorities in nursing via priming the pipeline and recruitment/retention of minority providers.
- **Funding issues are recognized.** A number of scholarships are available to students, with many specifically designed to assist underrepresented groups to engage in higher education. The Trudy Smith scholarship of over a million dollars is dedicated to help students. Native American students are the primary beneficiaries. The College of Nursing has a very successful record of HRSA funding including three major program grants focused on the recruitment and retention of Hispanic and Native American students in TriCities and Yakima. These grants have had very positive outcomes for students from these under-represented groups.
- **The College of Nursing has a proven record of recruiting a diverse student population.** The College has several long standing programs to both recruit and retain underrepresented students. For over 10 years we have hosted a summer institute for Native American high school students from across the Western states to introduce them to health occupations. Our full time Native American Recruitment and Retention Coordinator has developed the program in collaboration with faculty. This innovative and unusual week long program has served as a pipeline to our basic baccalaureate program. Graduates are expected to be a group that will eventually be interested in the DNP program as either post-BSN or post-master's students.

Graduate student enrollment also reflects a diverse student population. Our underrepresented graduate nursing student percentages was approximately 22% in academic year 2009-2010 not including a 14% male student body, a highly under-represented group in nursing.

Further, the College of Nursing has specific plans for the recruitment and retention of diverse students for the DNP.

- Establishing agreements with tribal colleges that will facilitate an easy transition from their programs into ours.
- Establishing agreements with community colleges for our RN-BSN program that serves as a pipeline for the pre-master's group of students. Community colleges tend to have a more diverse student population than traditional 4-year University campuses and creating straightforward articulation will encourage students to continue their education.
- Funding is being sought to hire peer recruiters to do outreach to underrepresented and rural communities and to establish an ongoing mentoring program and to create peer support groups.
- Securing funding to establish scholarships to reduce the financial barriers for students who would otherwise not be able to afford doctoral education.
- Utilizing stakeholders as referral sources to capture a wide audience.
- Establishing informational and application processes that are clear and understandable to individuals of varied backgrounds.
- Partnering with minority nurse associations to encourage referral of their members to the program.



## **Section IX. Faculty and Administrative Support**

At the CON, there are 39 doctorally prepared faculty members with three additional doctorally prepared faculty to be added in fall 2010. Many faculty members are certified experts in specialties such as family practice, adult health, geriatrics, psychosocial/mental health, pediatrics, women's health, and acute/critical care, policy development; nursing education, and community health. The typical faculty member is involved in academics, practice and service. The practice and service are tightly connected to our community and stakeholders. All of the doctorally prepared faculty are eligible to serve as members of the capstone project committees.

It is recognized that when the program is implemented, identified individuals may or may not actually teach the listed course(s) depending on the faculty mix at that time. However, this information shows that the College has the expertise and capacity needed to implement and teach the various components of the curriculum.

### **Collaborative Initiative with University of Washington**

Members of the faculty and administration of the Washington State University College of Nursing and the University of Washington, School of Nursing met to discuss potential areas for collaboration for the DNP programs in February, 2008. Each program was represented by the dean, an associate dean and an assistant dean. Several faculty from each program attended as well. A three year plan was developed with specific areas of collaboration identified.

Select WSU faculty with affiliate appointments will serve on capstone and PhD committees to share expertise and gain experience specifically in the capstone process. Concurrently, UW faculty will seek adjunct faculty appointment and serve on PhD committees, providing much welcome expertise. Subsequent to the initiation of the WSU DNP program, faculty from both institutions will serve on both PhD and capstone committees. Four members of the WSU nursing faculty already have affiliate appointments at UW and others are initiating the process for appointment. Ten UW faculty members have requested adjunct appointments through the WSU College of Nursing for the express purpose of mentoring WSU faculty in doctoral education.

There was agreement that the two DNP programs could utilize distance learning strategies to provide opportunities to share courses. These would potentially include research courses, nurse educator courses or policy courses. A mechanism for sharing courses through cross listing was proposed. Funding through a HRSA grant was received to conduct joint summer training institutes on distance learning strategies in 2009 and 2010 to assist faculty from UW and WSU in developing distance learning skills. Both institutions will need more DNP prepared faculty to strengthen their programs. The use of shared courses and cross listing facilitates faculty from one university enrolling at the other. This eliminates a problem of having faculty and student status which creates conflicts and also eliminates the need to step down from faculty status at a loss of salary and in some instances benefits.

The UW and WSU DNP programs require sites for capstone projects and practice sites. It is important to assure that students are not restricted to urban projects as both DNP programs want to serve students who are geographically bound and in rural areas. It was decided to jointly seek funding to develop community partnerships for practice and capstones in both urban and rural areas where health disparities or vulnerable populations are present.

The following lists our current faculty members who have the expertise to teach in the DNP program along with their percent of time commitment. People listed in Table 12 who are identified by the phrase “% assignment is expectation of current role” are on eleven or twelve-month appointments. Total FTE represents the faculty workload dedicated to the DNP courses including capstone supervision. See Appendix V for faculty profiles. The purpose of this Appendix is to identify faculty expertise in support of the program and possible practice and research match for potential students.

**Table 12: Program Faculty**

Name	Rank	Status & Location	Percent Effort in Program PER YEAR
Allen	Associate Clinical Professor	Full Time- S	N512 Either Year 1 or 2 Any Semester, 30%, Capstone Supervision
Armstrong	Associate Professor	Full Time - S	N802 & Capstone Supervision
Banasik	Associate Professor	Full Time - S	Capstone Supervision
Bindler	Professor	Full Time - S	Capstone Supervision
Bruya	Professor & Asst. Dean	Part Time - S	Capstone Supervision
Cardell	Clinical Associate Professor	Full Time - WW	Capstone Supervision
Corbett	Associate Professor	Full Time - S	Capstone Supervision
Daratha	Assistant Professor	Full Time - S	N565 Spring Year 1, 30%, Capstone Supervision
Dawson	Assistant Professor	Full Time - V	Capstone Supervision
DeWitt-Kamada	Clinical Assistant Professor	Full Time – V	N801 & Capstone Supervision
Doutrich	Associate Professor	Full Time - V	N511 Fall Year 1, 30%, Capstone Supervision
Dupler	Clinical Associate Professor	Full Time - S	Capstone Supervision
Eddy	Assistant Professor	Full Time - V	Capstone Supervision
Eide	Assistant Professor	Full Time - S	N576 & Capstone Supervision
Emerson	Associate Professor	Full Time - S	Capstone Supervision
Fitzgerald	Assistant Professor	Full Time – S	N801 & N802 & Capstone Supervision
Guido	Associate Professor	Full Time – V	% assignment is expectation of current role, Capstone Supervision
Haberman	Professor	Full Time - S	Capstone Supervision
Hirsch	Professor	Full Time – S	N582 % assignment is expectation of current role, Capstone Supervision
Hoeksel	Professor	Full Time - V	Capstone Supervision
Kaplan	Assistant Professor	Full-Time - V	N507, Spring Year 1, N553 Fall Year 2, 30%, Capstone Supervision
Kardong-Edgren	Assistant Professor	Full Time - S	Capstone Supervision
Katz	Assistant Professor	Full-Time - S	Capstone Supervision
Kooienga	Assistant Professor	Full-Time – V	N553 & Capstone Supervision
Lohan	Senior Instructor	Full Time - S	Capstone Supervision
Miller	Associate Professor	Full Time - S	Capstone Supervision
Purath	Assistant Professor	Full Time - S	Capstone Supervision
Roll	Associate Professor	Full Time - S	Capstone Supervision
Schumann	Associate Professor	Full Time - S	N539 Fall Year 1, 30% ,Capstone Supervision
Severtsen	Associate Professor	Full Time - S	Capstone Supervision
Smart	Assistant Professor	Full Time - S	Capstone Supervision
Solbralske	Assistant Professor	Full Time - S	Capstone Supervision
Shaw	Assistant Professor	Full Time - V	Capstone Supervision
Shishani	Assistant Professor	Full Time - V	Capstone Supervision
Izumi	Assistant Professor	Full Time - V	N581 & Capstone Supervision
Vandermause	Assistant Professor	Full Time - S	Capstone Supervision

Name	Rank	Status & Location	Percent Effort in Program PER YEAR
Van Son	Assistant Professor	Full Time – S	Capstone Supervision
<b>Total Faculty FTE</b>			<b>3.5 FTE Year 1 and 15.0 FTE Year N</b>

Table 13 identifies the administrative and support staff positions that currently support the Masters Program and will continue to support the merged program.

**Table 13: Administrative/Support Staff**

New or Existing	Title	Responsibilities	Percent Effort in Program PER YEAR
Existing	Senior Associate Dean	Oversight of academic programs and outcome evaluation measurement	10% per year
Existing	Associate Dean for Graduate Programs	Oversees program curriculum, faculty and students, and ensures quality of program offerings.	50% per year
Existing	Regional Director	Oversees program faculty and students on the Vancouver campus.	30% per year
Existing	Principle Asst.	Assists DNP faculty and students at all sites.	50% per year
Existing	Program Coordinator	Assists the DNP Director and DNP faculty.	50% per year
Existing	Academic Coord.	Assists DNP faculty and students on the Vancouver Campus.	50% per year
Existing	Secretary Senior	Assists DNP faculty and students on the Vancouver Campus.	100% per year
<b>Total Administrative and Staff FTE</b>			<b>3.40 FTE</b>

## Section X. Facilities

The Spokane, Vancouver, and Tri-cities campuses will be sites for the DNP program. As the program grows new teaching classrooms may be needed as well as technology equipment upgrades. For example, server upgrades are budgeted both years to support video stream needs. There is potential for intra-institutional and inter-institutional collaboration which may include specialized equipment. For example, some of simulation learning may occur at regional centers (e.g. Clark College's Sim Lab).

### A. Spokane.

Since 1980, the College of Nursing in Spokane was previously housed in the Warren G. Magnuson Intercollegiate Nursing Building. The building was constructed to accommodate an undergraduate and a graduate program and served the occupants well until recent years when larger classes and changing technologies required additional space. In 2003 the University received \$3 million from the Washington State Legislature to design a new Spokane College of Nursing facility. Subsequently, in 2005, the legislature provided an additional \$31.6 million to complete the construction of the building. The College moved to the Spokane Riverpoint Higher Education campus in November 2008 where WSU Spokane is presently located along with programs offered by Eastern Washington University. This move significantly expanded the capacity relative to numbers of students as well as provided the space needed for the

college's laboratory and clinical research activities. The new building contains 25 doctoral carrels and a clinical research suite.

### **B. Vancouver.**

Nursing on the WSU Vancouver campus is located in the Classroom Building where AMS classrooms are located as well as a computer lab. The DNP program will require additional faculty for whom there may not be adequate office space. Additional DNP students and courses will require additional classroom use, however availability is limited. The design of courses that have limited in-person meetings and large web based components may help alleviate this problem. Space requirements have been addressed in Table 10 in Section VI: Uses of Technology.

### **C. Tri-cities**

Nursing on the WSU Tri-Cities campus is located in relatively new quarters along with faculty from other disciplines. Offices are similarly furnished as those in Spokane. Classrooms are shared with other programs on the campus and all the classrooms have overhead digital projection, audiovisual, computing, and voice connectivity and are fully wired via fiber optic cable to the campus network and with high speed Internet access. There is full wireless computer access in all the buildings as well.

## **Section XI. Finances and Financial Analysis**

This financial analysis presents the costs and funding opportunities generated by the Doctor of Nursing Practice program from start-up through full enrollment. The College of Nursing anticipates that as the program develops, market conditions driven by the national shortage of doctorally prepared nurses and the growing demand for application of evidence based nursing research will result in extramural funding opportunities.

The analysis begins with enrollment assumptions, followed by estimated costs, and concludes with a matching of costs and funding opportunities.

### **A. Enrollment Objectives**

- Table 14a, Page 47. Annual Average Student FTE for Academic Year.

### **B. Academic Year Cost Analysis**

- Table 15a, Page 49. Academic Year Salary Cost Detail - Year 1 (2012)
- Table 15b, Page 50. Academic Year Salary Cost Detail - Year N (2015)
- Table 15c, Page 50. Academic Year Summary Cost Projections Year 1 (2012) through Year N (2015)

### **C. Funding Sources and Funding Analysis**

- Table 16, Page 50. Projected Program Net Results Year 1 through Year N.

### **D. Summary Program Costs**

- Table 17, Page 52. Program Costs.

### A. Enrollment Objectives

A forty student cohort (headcount) will be admitted to the DNP in each year beginning in fall 2012 for a AAFTE of 27. Students are expected to complete the DNP in three years on a full-time basis; many students elect to attend part-time and will take variable time to complete. The AAFTE of 27 is the target for doctoral enrollment, with survey data supporting predicted numbers.

**Table 14a: Annual Average Student FTE for Academic Year**

<b>DNP</b>								
<b>HEADCOUNT</b>								
Cohort	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
1	40	40	40	40	40	40	40	
2			40	40	40	40	40	40
3					40	40	40	40
4							40	40
Total	40	40	80	80	120	120	160	120
<b>FTE</b>								
1	27	27	27	27	27	27	27	
2			27	27	27	27	27	27
3					27	27	27	27
4							27	27
Total	27	27	54	54	81	81	108	81
<b>MN</b>								
<b>HEADCOUNT</b>								
Cohort	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
1	33	33	33					
2			33	33	33			
3					33	33	33	
4							33	33
Total	33	33	66	33	66	33	66	33
<b>FTE</b>								
1	22	22	22					
2			22	22	22			
3					22	22	22	
4							22	22
Total	22	22	44	22	44	22	44	22
<b>TOTAL</b>								
Headcount	73	73	146	113	186	153	226	153
FTE	49	49	98	76	125	103	152	103
AAFTE		49		87		114		127.5

## B. Academic Year Cost Analysis

**1. Instruction and administration:** The DNP program is starting with no additional net cost for instruction. Strategies for managing costs include gradual decrease of master's enrollment concurrent with gradual increase in DNP enrollment. Doctorally prepared faculty will be teaching all of the doctoral classes, leaving some master's level faculty available for work with the remaining master's students and the master's students admitted to the Advanced Population Health track. Some core courses and electives for the DNP are shared with the PhD and the continuing master's APH major. For example, N591 Mixed Methods for Evaluation, N565 Information Management for Clinical Practice, and N507 Health Policy and Practicum are shared across programs.

The Senior Associate Dean and the Associate Dean for Graduate Programs will reallocate a percentage of their efforts to the administration of the DNP program. Additionally the Regional Director in Vancouver will also direct some of her efforts towards the DNP.

**2. Direct costs:** Doctoral program expenditures include faculty salaries and benefits, additional support staff, additional library support, goods and services, equipment costs, and travel costs. As the program grows, the need for additional support will be assessed.

**3. Indirect costs:** Indirect costs are calculated at the rate of 37% on all direct costs to reflect indirect support received by the program. As enrollments increase in the DNP they will be offset by decreases in the current MN, net result will be a somewhat lower number of students.

Tables 15a and 15b are for the academic year only.

### Academic Year Salary Cost Detail - Year 1 (2012)

**Assumptions:** Consistent with other programs at the College, a lead faculty member at 10-20% of teaching effort, will oversee the DNP program. Current faculty will redirect their efforts from masters and undergraduate assignments to the DNP program. Existing funding from the masters and undergraduate programs will be used to replace them in current assignments.

**Table 15a: Academic Year Salary Cost Detail - Year 1 (2012)**

Name	Month Salary	# of Months	Proportional Salary	Work-load %	Annual Pgm. Salary	Benefits	Annual Pgm. Totals
<b>Program Administration:</b>							
Senior Associate Dean	10,370	12.0	3,733	3%	3,733	1,074	4,804
Associate Dean Graduate Programs	9,523	12.0	17,141	15%	17,414	4,920	22,061
Regional Director	10,380	11.0	11,418	10%	11,418	3,277	14,695
<b>Subtotal Program Administration</b>	<b>30,273</b>		<b>32,292</b>		<b>32,292</b>	<b>9,268</b>	<b>41,560</b>
<b>Faculty:</b>							
TBD – Est. salary used	8,300	9	261,450	350%	261,450	75,036	336,486
<b>Subtotal Faculty</b>					<b>261,450</b>	<b>75,036</b>	<b>336,486</b>
<b>Support Staff:</b>							
Principle Assistant	3,805	12.0	6,859	15%	6,849	2,562	9,411

Name	Month Salary	# of Months	Proportional Salary	Work-load %	Annual Pgm. Salary	Benefits	Annual Pgm. Totals
Program Coordinator	2,689	12.0	4,840	15%	4,840	1,810	6,650
Secretary/Clerical	2,598	12.0	9,353	30%	9,353	3,498	12,851
Academic Coord.	3,820	12.0	6,876	15%	6,876	2,338	9,214
<b>Subtotal Support</b>					<b>27,918</b>	<b>10,208</b>	<b>38,126</b>
<b>Total</b>					<b>321,660</b>	<b>94,512</b>	<b>416,172</b>

#### Academic Year Salary Cost Detail - Year N (2015)

**Assumptions:** The Senior Associate Dean's effort will increase to 10%, the Associate Dean's effort will increase to 50% and the Regional Director's effort will increase to 30% by year N. Faculty will be reallocated from current Masters program and other programs within the College.

**Table 15b: Academic Year Salary Cost Detail - Year N (2010)**

Name	Month Salary	# of Months	Proportional Salary	Work-load %	Annual Pgm. Salary	Benefits	Annual Pgm. Totals
<b>Program Administration:</b>							
Senior Associate Dean	10,370	12.0	12,444	10%	12,444	3,571	16,015
Associate Dean Graduate Programs	9,523	12.0	57,138	50%	57,138	16,399	73,537
Regional Director	10,380	12.0	34,254	30%	34,254	9,831	44,085
<b>Subtotal Administration</b>	<b>30,273</b>		<b>103,836</b>	<b>90%</b>	<b>103,836</b>	<b>29,801</b>	<b>133,637</b>
<b>Faculty:</b>							
TBD – Est. salary used	8,300	9	1,120,500	1500%	1,120,500	321,584	1,442,084
<b>Subtotal Faculty</b>					<b>1,120,500</b>	<b>321,584</b>	<b>1,442,084</b>
<b>Support Staff:</b>							
Principle Assistant	3,805	12.0	22,830	50%	22,830	8,538	31,368
Program Coordinator	2,689	12.0	16,134	50%	16,134	6,034	22,168
Secretary/Clerical	2,598	12.0	31,176	100%	31,176	11,660	42,836
Academic Coord.	3,820	12.0	22,920	50%	22,920	7,793	30,713
<b>Subtotal Support</b>					<b>93,060</b>	<b>34,025</b>	<b>127,085</b>
<b>Total</b>					<b>1,317,396</b>	<b>385,410</b>	<b>1,702,086</b>

**Table 15c: Academic Year Summary of Cost Projections - Year 1 (2012) through Year N (2013)**

Academic Year Estimates	Year 1	Year N
<b>Personnel</b>		
Program Administration	41,560	133,637
Faculty	336,486	1,442,084
Support Staff	38,126	127,085
<b>Subtotal Salaries and Benefits</b>	<b>416,172</b>	<b>1,702,806</b>

Goods and Services	10,900	14,000
Travel	6,000	9,220
Equipment: Server Hardware Upgrades and Clinical Equipment	15,000	15,000
Library	11,000	11,320
<b>Academic Year Totals</b>	<b>459,072</b>	<b>1,752,346</b>

#### D. Funding Sources and Funding Analysis

**Table 16: Projected Program Net Results Year 1 through Year N**

<b>Annual Program Results</b>		
	<b>Year 1</b>	<b>Year N</b>
<b>Direct Costs</b>	459,072	1,752,346
<b>WSU Indirect Costs - 37%</b>	269,614	1,029,155
<b>Academic Year Costs</b>	<b>728,686</b>	<b>2,781,501</b>
<b>Funding Sources</b>		
Direct costs reallocated within College of Nursing	459,072	1,752,346
Indirect costs reallocated within University	269,614	1,029,155
Estimated tuition revenue – (Reallocated centrally or at campus level in Vancouver)	265,414	928,951
Net Cost	463,272	1,852,550
<b>Academic Year FTE</b>	27 FTE	94.5 FTE
<b>Direct costs per FTE</b>	<b>17,003</b>	<b>18,543</b>
<b>Total cost per FTE after tuition</b>	<b>17,158</b>	<b>19,604</b>

#### E. Funding Analysis

**1. Tuition.** Nursing resident tuition is assumed. Non resident tuition will be higher; therefore it is not included in projections. It is assumed that most non-resident DNP students in the Vancouver area, as in the current masters program, will enroll as exempt from non-resident tuition rates per the Border Bill.

**2. Tuition waivers.** The cost of tuition waivers is supported on the Vancouver campus by central administration. Research Assistants (RAs) costs will be included in the grants submitted.

**3. Washington State doctoral funding.** The College has been successful in procuring both one time and permanent funding from the State via High Demand funding for the basic baccalaureate program and for the statewide RN-BSN program. The rationale for presenting the potential of State DNP Funding is based upon the growing recognition that the nursing shortage cannot be addressed without solution of the severe nursing faculty shortage. Additionally, with national professional policy makers (American Association of Nursing Colleges) demanding advanced practice education change to the doctoral level by 2015, this programmatic change is mandatory.



**4. HRSA and/or federal funding.** The major government agency likely to provide significant funding for a nursing doctoral program is the Department of Health and Human Services Bureau of Health Professions, Health Resources, and Services Administration (HRSA). The doctoral program will allow the College to compete for monies earmarked for addressing the national nursing faculty shortage. Doctoral programs in nursing have been supported by HRSA in the past, however the College is not eligible to apply for a HRSA grant until the DNP program has been approved and is in place. The College has a positive history of obtaining approximately \$8 million dollars in funding from HRSA for our psychiatric/mental health master's program (MIRA), People's Clinic and Ronald McDonald Care Mobile (used to train our FNP students), Rural Nurse Retention Project, Nurse Faculty Loan Program, diversity grants for the enrollment of Hispanic and Native American students into nursing and/or the health professions, and numerous other initiatives. For example, the HRSA Nurse Faculty Loan Program offers tuition, book, and fee support for students planning to teach in programs of nursing following completion of their degree program. Students are eligible for up to 85% loan "forgiveness" if they teach in academic settings for the initial five years following program completion; in 2009-2010 year, we distributed nearly \$90,000 to students through this HRSA grant. In light of current federal laws and funding, it is expected that support for students in nursing programs, and particularly in primary care advanced practice programs, will increase.

**5. Southwest Washington Medical Center and Samuel S. Johnson Foundation.** In 2006-2007 and again in 2007-2008 Southwest Washington Medical Center and the Samuel S. Johnson Foundation have supported the planning of WSU's DNP. Recognizing the importance of the new program, the two foundations have contributed a total of \$175,000 to fund the planning process. This support validates understanding of the importance of the increased education required for advanced practice nurses and clearly suggests the health care industry is ready to embrace the new role. The funding has allowed the planning to progress. It has supported faculty through the summer, supported a project manager, consultants, faculty travel to work on the planning project and partially supported the co-hosted DNP Summit mentioned above.

## E. Summary Program Costs

**Table 17: Program Costs**

WSU Summary of Program Costs					
This template calculates the direct, indirect and total cost as well as the cost per student FTE.					
	Internal Reallocation	New State Funds	Tuition Revenue	Year 1 Total	Year N Total
Program Administrative Salaries, including benefits	36,756			36,756	102,914
Faculty Salaries, including benefits	336,486			336,486	1,442,084
TA/RA Salaries including benefits					
Staff Salaries, including benefits	38,126			38,126	127,085
Library Staff Wages including benefits					
Contract Services				0	0

### WSU Summary of Program Costs

This template calculates the direct, indirect and total cost as well as the cost per student FTE.

	<b>Internal Reallocation</b>	<b>New State Funds</b>	<b>Tuition Revenue</b>	<b>Year 1 Total</b>	<b>Year N Total</b>
Goods and Services	10,900			10,900	14,000
Travel	6,000			6,000	9,220
Equipment	15,000			15,000	15,000
Other costs				0	0
Library	11,000			11,000	11,320
<b>Direct Cost</b>	<b>454,268</b>			<b>454,268</b>	<b>1,721,623</b>
<b>Indirect Cost</b> (37% of total cost)	<b>266,792</b>			<b>266,792</b>	<b>1,011,112</b>
<b>Total Cost</b>	<b>721,060</b>			<b>721,060</b>	<b>2,732,735</b>
Estimate Tuition Revenue				(265,414)	(928,951)
<b>Total Cost less Tuition</b>				<b>455,645</b>	<b>1,803,784</b>
Academic Year FTE Students				27	94.5
<b>Reallocated funding per FTE</b>				<b>16,876</b>	<b>19,088</b>

## **Section XII. External Reviews**

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See Appendix VI for reviews and response to reviews.

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## Library Capacity

### 1. Adequacy of existing capacity:

The main College of Nursing library in Spokane is the **Betty M. Anderson Library**. It provides materials and services to support the College of Nursing programs. The library's staff provides reference services, including access to many electronic databases, and instruction on the most effective use of library resources. The library is a Resource Library for the Pacific Northwest Region of the National Network of Libraries of Medicine. Its membership in the NN/LM provides access to library collections across the United States. The library's services provide a solid foundation on which to build a Doctor of Nursing Practice program. Services and materials from other WSU libraries, especially the electronic journal collection and research methodology materials already owned, will also support this program. The library moved to the new Riverpoint WSU Spokane Academic Center Building in 2008.

The WSU library system has placed a heavy emphasis on building and maintaining its research libraries' electronic databases and journal collection. These online resources are available to WSU students wherever they are located in the world. Some new materials, noted below in #2, will be required. As electronic resources become available, existing physical space and equipment is needed. The current level of staff support for students will not be adequate as doctoral students will require more research support from staff as detailed in question three below.

The WSU Vancouver Library provides access to research level materials in several ways. It subscribes to approximately 800 journals in print and has access to over 9,000 full-text electronic journals and over 100 indexes. The electronic journals, along with many key databases such as CINAHL, Medline, HAPI, PsycInfo, Web of Science Access to additional journals prior practice, practice inquiry, leadership, policy and education and more, are available from off-campus for faculty and student research. As a part of WSU, Vancouver Library patrons have quick and almost seamless access to materials located at other WSU locations such as the College of Nursing in Spokane.

For materials not located within the WSU System, the WSU Vancouver Library provides local, regional, national and international access to university and medical library collections through numerous resource sharing relationships. Research support for doctoral students includes interlibrary loan borrowing and document delivery privileges in several consortia. The WSU Vancouver Library actively participates in the National Library of Medicine's Docline automated loan NP program that allows for the borrowing and lending of materials in the U.S. and Canada. Most electronic materials are delivered within 12 hours of request and most print materials arrive within three days. The WSU Vancouver library is open 7 days a week and has rooms for group as well as individual study activities.

## **2. Need for new library collections:**

WSU will need to add access to the nursing subset of Journals@OVID for all WSU campuses with nursing programs. These full text journals will be linked to nursing library databases currently licensed to WSU libraries. Since this access presently exists at some campuses, the cost for additional access is anticipated to be \$5000. New permanent funds are required to support access to the online full-text journal resources and this cost will increase as more journals become electronically available.

No exiting print subscriptions will be cancelled initially. Library staff will evaluate the use of existing print journals and consider cancellations based on the results. More journal publishers are beginning to guarantee both immediate access to current online issues and sustainable access to archived issues which will increase the feasibility of canceling some print titles in the future. The library will need to add copies of texts and books used for new DNP courses. Areas that will require enhanced collections include nursing administration, community specialties, cultural competence, translational research, research methods and statistics.

In addition to electronic journals, DNP students will have increased need for access to other electronic resources such as reference materials, databases, e-books, reviews for evidence based practice and current pharmaceutical information. New media materials will also be required as the use of video has increased in academics. These materials will need to support DNP students with a wide variety of interests in clinical practice, administration, community and education. No additional equipment is required to utilize this media. An additional \$5000 is needed for these reference materials and \$1000 for media materials. This brings the total need for initial improvement to the library's resources to \$11,000. In addition, journal inflation is currently 10-12% per year.

## **3. New library personnel needed**

The DNP program requires library staff with expertise in health care and nursing. Librarians at the Betty Anderson Library in Spokane and the Director of Information Services and Library Director at WSU Vancouver all bring this expertise. Current library staffing will support the new program with the proposed addition of a .5 FTE library technician who will be required to handle reserves, acquisitions, interlibrary loan and document delivery. This cost will be \$14,875 including wages and benefits at 17%.

## **4. Additional library services needed**

Additional interlibrary loan support, including operations funding, will be needed. While current staff and faculty will initially be able to deal with the increased need for reference service and user education, more support will be required as the program expands. For example, as students engage in practice inquiry and design capstone projects, reference librarians will need to be available in assisting with database research and to provide guidance on what resources are available. Another example is that faculty and students who need articles not available through the WSU student can use Illiad and have them delivered electronically. The need for this service will increase as DNP students are enrolled. New funds will be required for operations as well as increased staff support.

Additional library technician time for enhanced reference services was requested in #3 above. Additional online resources are required and were requested in #2 above. Additional reference materials will be necessary and were also requested in #2 above.

**5. Extent collections and services will be provided from Pullman.**

DNP students will be based in Spokane, Vancouver, and Tri-Cities. Electronically available materials from Pullman may be used however the majority of resources for DNP students will be electronically available through the College of Nursing Betty Anderson Library and through the branch campus libraries in Vancouver and Tri-Cities. Primary library support for the DNP will be provided from the Vancouver campus where it is anticipated a majority of students will be enrolled, based on current graduate student enrollment. The Spokane, Vancouver and Tri-Cities print collections will serve as resources for DNP students statewide. Materials required from other libraries in the WSU system will be handled via electronic document delivery and courier as they are now. The WSU Libraries system-wide participate in the Orbis Cascade Alliance which facilitates rapid electronic interlibrary services between Pacific Northwest universities like UW, OHSU, Linfield, U of Portland, OSU, PSU, and UO.

**6. Other library resource considerations (*e.g., additional space*)**

No additional space is likely to be required as a greater use of and reliance upon electronic media develops. As technologies for accessing library materials change, the library will need to consider additional resources. For example, if pod casting classes becomes more universal, the library may need to have technology available to assist in the delivery of this and other innovative types of media.

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## Analyzing Demand and Cost

### I. Situational Analysis:

As has been described throughout this proposal, the College of Nursing has a reputation for providing very high quality nursing education at the baccalaureate and master's levels as well as successfully integrating the university's service mission into all aspects of its activities. The College's research programs and related funding have shown significant development over the past five years and are at the threshold of further development pending the implementation of the proposed doctoral program with its potential to recruit additional highly qualified faculty and students.

The College of Nursing programs were fully reaccredited in 2004 by the Commission on Collegiate Nursing Education (CCNE) for a ten-year period. The Board of Review and site visitors indicated they had no areas of concern warranting recommendations. College graduates consistently do well on licensing and credentialing examinations and are highly sought after across the state and the region. Employers regularly indicate their satisfaction with the education and preparation our graduates have received.

The faculty and staff of the College, in addition to their specialty area expertise, are very successful in the various approaches to distance education. As a result the College is a leader in this arena within the university, the profession, and in education nationally. As a college, we are absolutely committed to providing access to nursing education to nurses and potential nurses in both rural and urban settings and we firmly believe that this commitment is making a positive difference in health care throughout the state and the region.

One challenging area for our college has been in the area of finances. We have had a long history of funding issues due primarily to the high cost of nursing education as compared with disciplines in the social sciences and other areas. However, it should be noted that the cost of educating a nursing student is consistent with students in other health care professions or other disciplines such as engineering.

One of the contributing factors to this situation is the intensive teaching workload carried by our research faculty. We require our research faculty to deliver theory courses and to supervise students in the practice setting. We have made remarkable progress since 1998 as evidenced by a 20-fold dollar increase in our grant submissions and 10-fold increase in our grant expenditures. We anticipate, and expect, the DNP program to contribute to continued growth in the intensity and productivity of our scholarly environment.

The nursing shortage across the nation and the world, as well as the acute faculty shortage, has resulted in a situation that offers the College of Nursing both challenges and opportunities. The actual shortage of nurses is something that waxes and wanes to some degree; however, the need for highly prepared nurses is only going to increase in the future due to our aging population and its increasing need for health care, as well as the developing technologies that prolong life.

Statistics from the National Center for Health Workforce Analysis in the Bureau of Health Professions, Health Resources Services Administration (HRSA), projects that by 2010, the projected shortage of nurses in Washington State will be 8,800 nurses and by 2015, it will have increased to 17,000. More than

half of that shortage will be for nurses who are prepared at the upper-division (BSN) and graduate levels. New nursing care models being implemented at the acute care hospitals call for the immediate hiring of more registered nurses. Additionally, significant numbers of nurses in Spokane as well as in other communities across the state and the nation will begin retiring in three to four years resulting in a

Along with the nursing shortage, there is a very severe faculty shortage as is described in this document. One of the chief reasons for this situation is that nurses are being offered very high salaries in the clinical setting; salaries with which educational institutions cannot begin to compete. Many current nursing faculty also are now very close to retirement and available doctoral programs in nursing are not able to come close in preparing enough individuals to fill the resulting gap. This situation becomes more critical each year and the College of Nursing has a great opportunity to assist in meeting the need while, at the same time, demonstrating that, as a college within Washington State University, its programs, service and research are “World Class, Face to Face.”

We have the opportunity to minimize the effect of faculty shortage at the College of Nursing by focusing on the retention of faculty. Increasing salaries to within 75% of current salaries for nursing faculty within our region would be a reasonable request. We can also help draw new faculty through innovative marketing, improving salaries and start-up funds.

## II. Competitive Analysis:

<b>Oregon Health and Sciences University</b>
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**Credit Hours:** 57-69 quarter credits depending on the number of hours of clinical residency required.

**Total Enrollment:** 19

**Cost per credit hour/Total for Certificate and/or Program:** \$372 per credit hour in-state tuition for a total cost of \$21,204 to \$25,668 for tuition only.

**Access:** The program is currently only available to students in the Portland area and is not distance accessible to students statewide.

**Faculty to student ratio:** 8 Faculty teaching across the curriculum but no number specified per phone query June 2007.

**Support Services:** College of Nursing scholarship; based on merit, need, FAFSA, diversity GPA.

**How long has this certificate and/or program been offered?** Post-master's program began summer 2007 and a post-BSN program is scheduled to begin 2009.

**Program's weakness(es)?** The program admits only currently practicing advanced practice nurses who are nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. The program requires a masters in nursing and as half of all nurse anesthetists are educated in programs that are not in schools of nursing, many of them are not able to apply to OHSU.

**Program's advantage(s)?** OHSU has a well established PhD program and doctoral level courses with an extensive amount of funded research. It also has a sophisticated system for offering distance based education with multiple campuses in rural areas of the state. With the border bill it can attract students from WSU Vancouver's catchments area. (The state of Washington's "Border Bill" is a program that allows Oregon residents who live in specified counties to attend WSU Vancouver and/or WSU Tri-Cities part-time (8 credits or less per semester) and pay resident tuition rates for courses taken through these two WSU campuses ONLY.)

### **Case Western Reserve: Frances Payne Bolton School of Nursing - DNP Program**

**Credits:** 27 to 29 semester credits depending on whether the student chooses the Educational Leadership track (8 credits) or the Clinical Leadership track (6 credits).

**Total Enrollment:** No specified number per phone query June 2007.

**Cost per credit hour/total for program:** Tuition is \$31,900 per year for full time student or \$1,330 per credit, 12 credits is considered full-time.

**Access:** Case has a unique approach to distance learning. They have intensive classes that are 3 credit hours given over a six-day period, for two weeks. These two week periods are three times a year in January, May and August.

**Faculty to Student Ratio:** No number specified per phone query. Classes have 12-15 students on average.

**Support Services:** The program offers cohort sites around the country, including Connecticut, California, and Virginia. Four required courses for the Post-Masters DNP program are taught at cohort sites. A large number of doctorally prepared faculty are available to mentor students through their scholarly project. Financial aid is also available although most is for education track students.

**How long has the program been offered?** The Nursing Doctorate (ND) degree was first offered in 1979. The degree was converted to the DNP program in the fall 2005. No changes were made in the curriculum from the DN (ND?) to the DNP.

**Program's weakness(es)?** The program offers only two options, an educational leadership track and a clinical leadership track. There is no course for a practice opportunity for students who wish to gain more expertise in direct or population based care. When students come for intensive courses they must use off campus housing which can cost about \$110 night which for a 2 week period three times a year can add another over another \$3000 to the cost of the program. In addition air fare, food and incidentals can add another \$1500 to \$2000 in cost.

**Program's advantage(s)?** Nurses who have a BSN may apply for a MSN/DNP option and there is also an entry route for non-nurses who wish to obtain a DNP. Students who enter without a master's in nursing have a wide variety of masters degree programs to select from including: Nurse Practitioner (acute care, including flight nursing, Family, Gerontology, Neonatal, Pediatric, Psych-Mental Health, Women's Health, Adult); Clinical Specialist (Community Health, including Infection Control, Medical-Surgical)

and other majors (Nurse Anesthesia, Nurse Midwifery, Nursing Informatics, MSN/MBA, MSH/MA in Anthropology, MSH/MA in Bioethics, MSN in CHN/MPH). Intensive class sessions allow students to come from all over the US without having to move to Cleveland.

### **Rush University College of Nursing**

**Credits:** A minimum of 40 quarter credits for the post-master's DNP is required. The focus of the DNP is Leadership and the Business of Health Care.

**Total Enrollment:** 40

**Cost per credit hour/total for program:** The 2007-2008 tuition is \$7,028 per quarter full-time or \$617 per credit for the part-time student. Full time is considered 12 or more credits. A part time student will pay a minimum of \$24, 680 based on current tuition.

**Access:** Cohorts of students are admitted each winter and complete the program fall of the following year (8 quarters). Each quarter is 10 weeks in length. Part-time students complete the program in 3 years. The DNP is primarily an online program with two courses that require being on campus for 2-3 days for class.

**Faculty to Student Ratio:** Most classes are online so it is hard to determine. Phone query response was "small".

**Support Services:** Students have excellent research and library resources. There are 57 doctorally prepared faculty. There are nursing school specific scholarships based on academics, merit, personal statements, and interview.

**How long has the program been offered?** The program began in fall 2006.

**Program's weakness(es)?** The DNP is intended for Post-MSN students only. Its focus is on leadership and the business of health care. Specialization is not a focus of the DNP. However, students can use two practicum courses to specialize. Although travel to campus is only required for two extended weekends, the cost of the hotel across from campus was \$220 a night; with airfare, food and incidentals the cost of the program is increased by approximately \$1500-\$2000.

**Program's advantage(es)?** There is a well delineated financial aid program. The program is nearly all online. Students each have a doctorally prepared mentor who works with them on the scholarly project.

### **University of Washington School of Nursing - DNP Program**

**Credits:** The DNP will require a minimum of 90 credits. There will be a minimum of 45 credits in advanced practice, a minimum of 15 in leadership and a minimum of 30 in practice inquiry with an estimated 18 credits in coursework and 12 credits for the capstone project.

**Total Enrollment:** This first cohort began in January 2007 with 16 post-master's students. Two students withdrew during the first quarter leaving a total of 14 students. The second cohort began in summer with 15 post-BSN students and fall with 20 post-master's students. This is a total of 49 students projected to be enrolled beginning fall quarter 2007.

**Cost per credit hour/total for program:** The UW School of Nursing charges for a minimum of 2 credits at a cost of \$1211. Students who take 7-18 credits pay \$4236 a quarter. A postmaster's student may complete the course work in as few as 5 quarters for a cost of \$21,180. A post BSN student is anticipated to be enrolled full time for 3 years to complete the program. At a cost of \$4236 a quarter, four quarters per year for three years the total post BSN program cost is \$50,832 not adjusting for inflation of tuition rates which can be estimated at 7% per year. This is the cost for Washington resident students. The cost per credit at WSU is \$596 in 2007-2008.

**Access:** The majority of courses are offered on campus. Selected DNP course content will be delivered through Web-based courses, a state of the art Learning Laboratory, and use of clinical informatics.

**Faculty to Student Ratio:** At the UW SoN, there are 22 research, 67 tenured/tenure-track, 6 without-tenure, and 585 clinical faculty members in the SoN.

**Support Services:** The UW SoN has a long tradition of recruiting and retaining a diverse student body and has numerous systems in place to support students. There are numerous community based collaborations that offer opportunities to DNP students for capstone projects. As part of the Health Sciences Center the UW SoN has many interdisciplinary courses and program collaborations.

**How long has the program been offered?** The first cohort was admitted January 2007.

**Program's weakness(es)?** The DNP is mainly offered on campus and provides little opportunity for students who are unable to move to Seattle or travel there easily for courses. There is currently no DNP funding for faculty or students to be supported while going through the program although traditional sources of scholarship funding is available.

**Program's advantage(es)?** The program has a wide variety of focal areas that will be offered as part of the DNP. These include nurse practitioner programs such as acute care, family, neonatal, pediatric, psychological Health, women's health, adult, and rural adult; advanced practice areas such as care management, informatics, forensic nursing, genetic nursing, infectious disease and infection nurse specialist; occupational health and community health systems nursing; and nurse midwifery. The SoN has extensive extramural funding for its programs. Faculty are available to mentor students and work with them on clinical and research projects. In addition the SoN has numerous funded centers and programs such as the Center for the Advancement of Health Disparities Research and the program, Integrating CAM: A Nursing Emphasis. These centers and programs afford students opportunities for diverse capstone projects and clinical practica.

### **III. Demand Analysis:**

To assess the need and demand for the DNP, several activities were conducted. Five stakeholder focus groups were held in Spokane, Tri-cities, and Vancouver. Health care, nursing and community leaders were invited to provide input on their needs for DNP prepared nurses. Current College of Nursing



students and alumni from 2001-2004 were surveyed to assess their knowledge of and interest in obtaining a DNP.

### *Student and Alumni Survey*

A total of 183 students and alumni responded to a survey. Sixty of the respondents were alumni and about half of the students were undergraduates and the other half graduate students. Sixty-four percent (n=117) were aware that the American Association of Colleges of Nurses has recommended that the DNP be the initial educational preparation for advanced practice nurses.

Sixty-four (35%) survey participants were interested in obtaining a DNP, 72 (39%) were undecided, and 47 (26%) were not interested in pursuing DNP education. The major reasons people were not interested in obtaining a DNP degree was that they were “too old” or because of the “amount of time and money” it would require. Among those potentially interested in pursuing DNP education, 24 were interested in starting in the next two years, 66 in the next three to five years, and 41 in six to ten years.

Several factors were identified as being likely to encourage a person to enroll in the DNP program. Flexible course scheduling, tuition reimbursement and a job market that required the DNP would be likely to motivate people. Another important factor in deciding whether to pursue DNP education was the format of course offerings. Hybrid courses with some in-person classes and some web based work were preferred by 106 of 160 respondents while 36 preferred classroom based courses and 21 preferred totally web based classes.

Our current graduate students typically adjust their work schedules to accommodate graduate study while maintaining a good income as a working nurse. The post-master’s program will require a minimum of 30 credits. Current resident tuition is \$595 so if this is inflated by 7% per year for a 2009 program start tuition will be approximately \$680 per credit for a minimum cost of a \$20,400. Post-BSN students will complete an additional 42 credits based on their area of concentration for a total of 72 credits at a cost of \$52,387 to \$56,054. This is a conservative estimate based on a 7% tuition inflation rate and therefore depends on the time students take to complete the program. Since 90% of our needs survey respondents live in Washington State, we anticipate the majority of our students will be eligible for the resident tuition rate.

### **Market**

We anticipate a large and competitive pool of applicants for our program across campuses and programs. Potential students may also be regional depending on when programs in other states are initiated as currently there are none implemented in Alaska, Idaho, Wyoming or Montana. Most post-masters courses will be delivered using a hybrid format with both in-person and web based classes. Several of the post-BSN courses require that the student attend in-person. Therefore, most students will need to be located within a reasonable driving distance to one of the campuses. Yet, in order to accommodate our rural/underserved students, some programs of study (e.g. CBPF) require minimal travel and most courses in this major are available via video stream for those students living 50 miles from campuses.

Initially the market will be baccalaureate educated nurses. There is no agency in Washington State that keeps a database of how many nurses have what type of degree. However, there are over 73,000 Registered Nurses in Washington and approximately 4,000 are nurse practitioners, nurse midwives and nurse anesthetists. A 2006 statewide survey of Washington nurse practitioners by Kaplan and Brown revealed that 86% of respondents held a master’s degree. Both baccalaureate prepared nurses and

naster's prepared nurses comprise the market for the WSU DNP program.

The National Sample Survey of Registered Nurses (NSSRN) is conducted nationwide every four years. The results of the 2004 survey reveal that 13.0 % or 376,901 nurses have master or doctoral degree as their highest level of educational preparation. Most nurses with graduate degrees are masters educated as only about 1.5% of nurses have doctoral degrees. This grew from 5.2% in 1980 and 10.2 % in 2000, an increase of 37% between 2000 and 2004, demonstrating a strong surge in graduate education in recent years. The NSSRN also reports that for 73% of with a post-RN masters degree, the primary areas of practice are clinical practice, education and administration. Fifty percent of nurses with a doctoral degree practice in education, research and administration.

(Retrieved July 11, 2007 from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/2.htm#edprep> and <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/appendixa.htm#11>).

These areas of focus for graduate educated nurses suggest that the WSU DNP program is designed to offer programs of interest to nurses who desire graduate education.

There are 529 undergraduates presently enrolled at the WSU College of Nursing in the entry into nursing BSN program and 308 students enrolled in the RN to BSN program for a total of 837 students in baccalaureate students. In addition, 249 students are enrolled in the Master's programs. The significant size of these programs provides a large potential pool for the DNP program.

The administrators of the University of Washington (UW) School of Nursing have expressed strong support for our proposed DNP program. The UW's DNP program in nursing is enrolling approximately 30 - 40 students per year. The UW School of Nursing is ranked number one in the nation, a ranking the school has maintained since the early 1980s. We do not anticipate that our program will detract from the outstanding pool of applicants who seek admission to the UW based on the different regions we serve. In addition, collaboration between the UW's DNP program and WSU's program is being explored as a way to share scarce resources and to increase the opportunities for students accessing courses unique to each institution. There are few areas of geographical overlap between the areas served by the nursing programs of UW and WSU.

There is no point in the next 25 years when the supply of DNP prepared nurses will exceed demand. As discussed above, the need for advanced practice nurses who will be prepared through the post-BSN program will not be saturated as access to health care is currently limited by a severe shortage of primary, specialty and population based providers. There is a severe faculty shortage as well for which there is no end in site.

The position of AACN as noted above is to have the DNP as the entry into advanced practice by 2015. This will likely cause demand to increase for post-BSN to DNP programs. As the DNP role is implemented within health care organizations we anticipate increasing demand among master's educated nurses who will seek career enhancement and preparation for new career opportunities. As the population grows and the demand for nurses increases, there will be increased need for nursing faculty, further stimulating growth for the DNP. The growth rate of our program will be analyzed carefully each semester to determine the capacity, the financial constraints, and the best number of students in the program.

Our entry into the market will be limited by the number of faculty available to teach in the DNP program as the faculty workload will increase significantly with advising, serving on DNP capstone project committees and teaching new courses. This will be limited by funding for the program and the ability of

the College to recruit and retain faculty in a highly competitive nursing faculty marketplace. One factor that may mitigate this competitiveness is if the College is able to encourage and support current faculty in obtaining DNP degrees and staying with the College as faculty for the DNP program.

**Table 18: Segmentation Distribution - current master graduate students (Spring 2010, N=249)**

<b>Gender</b>	<b>Number</b>
Female	215
Male	34
<b>Location of Students</b>	
Spokane	64
Yakima	16
Tri-Cities	31
Walla Walla	10
Vancouver	128

The majority of our graduate students are nurses employed in hospitals providing care to people who are acutely ill. Many others, however, work in community based positions such as primary care clinics, private practices, health departments, schools and with governmental agencies.

Students choose to attend the WSU College of Nursing for several reasons. The program has an excellent reputation. For example, the Providence health system chose WSU Vancouver over several other universities to provide RN-BSN education to its employees throughout Oregon. The College offers full and part time study with an emphasis on part time study that makes it feasible to work and pursue graduate education. WSU has an excellent system for distance learning and has campuses located throughout eastern and southwest Washington. The border bill allows residents of bordering Oregon counties to attend WSU at in-state tuition rates. Students who choose other programs typically want a more distance based model or a program with a practice focus more suited to their interests.

**Table 19: College of Nursing Alumni**

<b>CON Alumni in WSU Database as of July 2007</b>	<b>Number</b>
Alaska	47
Oregon	443
Idaho	209
Montana	59
Washington	4,803
Wyoming	7

We expect to recruit a portion of our students from the graduates of the other six master's program in Washington State and the five combined masters programs in Alaska, Idaho, Montana, Oregon, and Wyoming. The 46 community colleges in our six-state northwest region will serve as a pipeline and provide a strong market base as these nurses pursue RN-BSN or RN-MN education and then choose to undertake DNP study.

## **IV. Recruitment Plan**

Recruitment strategies for the DNP in Nursing will include marketing and identification, enrollment and retention of highly qualified nurses who are interested in doctoral education with a focus on advanced practice. A recruitment team of faculty, staff, campus advisors and alumni will participate in the design and implementation of the recruitment plan. Marketing materials will be developed after the program receives final approval.

Initially, recruitment efforts will focus on the eastern and southwest Washington and Oregon counties bordering Washington. Current College of Nursing students and alumni will be targeted as well as the College's masters prepared faculty and faculty from colleges and universities. There is a large number of nurses with masters degrees in nursing who are expert clinicians who may be interested in preparing to enter the academic arena as faculty, who may wish to change the focus of their practice or who may wish to enhance their professional knowledge to be able to provide higher quality care. Many nurses may wish to add leadership and policy skills to assume or enhance professional leadership roles.

Potential students will be made aware of the DNP program in a variety of ways as soon as the program is approved. An email or print message will be sent to current students and alumni of the last 6 years of graduates of the College of Nursing's master's program. The College has developed a list of inquiries from our interested graduates and other nurses in our WSU communities.

Media releases will be sent to all professional nursing organizations and societies for placement in their newsletters and on their web sites. State and regional print media that focus on employment opportunities also carry educational opportunity notices. Within Washington and its contiguous states, there are numerous nursing career fairs and professional conferences and meetings in major cities where colleges can have recruitment booths. College faculty members will participate in WSU's student recruitment efforts.

A staff person on each campus will be designated to manage inquiries, applications and the admission process. Prompt, factual information will be provided in response to potential student inquiries and questions. Once a potential student inquires about the program and identifies an area of practice interest, a faculty member with that area of expertise will contact the student. That faculty member will coordinate with the office of the Associate Dean for Graduate Programs for follow up.

All faculty of the College, across its many campus sites, will be thoroughly prepared to provide information regarding the program, clarify questions of potential applicants and refer inquiries to the appropriate staff person. In addition, each campus has an advisory board for the nursing program that is composed of leaders in the nursing community in that area. These board members represent major health care facilities and community college nursing programs. They will be key to informing potential applicants within their sphere of influence. Ongoing information sharing with clinical preceptors and community based colleagues will promote our program in a word-of-mouth manner. Individually and in some cases directly as part of other recruitment efforts, students in our graduate and undergraduate programs and alumni will be prepared to become ambassadors for our new DNP program. Professional organizations will be provided with information to share with their members.

All recruitment activities will be coordinated through the office of the Associate Dean for Graduate Education. As noted above, faculty, students and community nursing leaders will be involved in promoting the program and our access to these persons/facilities. The recruitment team will assist the

Associate Dean in developing the specifics of the recruitment plan and identifying those who will be responsible for carrying out specific activities. The College Advancement and External Relations Office has media and foundation expertise to assist with this extensive campaign. The office has contacts within the university to expand and assist with this process. Grant funding is also being sought to hire staff to conduct targeted recruitment activities for nurses living in rural areas and who are from underrepresented groups.

Training will occur during bi-annual college wide retreats, brown bag sessions, and meetings of community groups. A training “curriculum” will be designed and train-the-trainer sessions will be held so that everyone is educated about the program in a consistent manner. Materials such as PowerPoint presentations, Frequently Asked Questions, hand outs and sample curriculum will be distributed in recruitment packets to faculty, staff, students and community members.

Promotion of the DNP program will begin in the classrooms of the College of Nursing. Professional meetings and conferences, information sessions on each campus, career fairs and local hospitals and health care facilities will all serve as venues for promoting the DNP. Public and nursing community media will also be used.

Periodic press releases in public media and local business publications, along with presentations by the Dean and other members of the College will highlight the need for the DNP program and reinforce our commitment to focus the program’s goals on addressing the health and health care issues of our community and region. The College of Nursing has had years of extensive collaboration with community, business, and health care leaders throughout this region and will use this extensive network to facilitate involvement of these persons in aspects of the DNP program and the promotion of it as a new valuable offering of WSU.

# APPENDIX I

## Letters of Support



Marilyn D. Galusha  
Director of Nursing and Allied Health Education  
Walla Walla Community College  
500 Tausick Way  
Walla Walla, WA 99362  
509/527-4240  
FAX 509/527-4226

Higher Education Coordinating Board of Washington State  
117 Lakeridge Way  
P.O. Box 43430  
Olympia, WA 98504-3430

Dear Board Members,

This letter is sent to support the proposed Washington State University (WSU) Doctor of Nursing Practice (DNP) program. I believe this program will be important to the future of Nursing education and practice. WSU currently has office and classroom space in our new Health Science building. Our articulation plan with WSU is at the core of our Faculty Succession Plan for growing and replacing faculty who will soon be retiring. The ability to add the DNP to this career ladder is important to the recruitment and retention of highly desired and needed practitioners and educators in our region.

One of our nursing faculty members is currently working on her second graduate degree from WSU in the area of family practice. Her intent is to teach half time with us at Walla Walla Community College and maintain a half time practice role in the community. She is very interested and committed to evidence based practice and is planning to enroll in the WSU DNP program as the next step in her career ladder. The knowledge and practice she will bring to students in our associate degree program will be valuable as they are developing their professional abilities and articulating into bachelors of nursing programs.

I am aware of additional faculty and community members who are interested in pursuing a DNP who are community bound and need to work as they continue their education. The southeast region of the state is rural and access to graduate education is crucial to the development of higher education skills, such as understanding cost analysis issues and grant writing. These abilities will be increasingly necessary in order to offer quality care to our citizens.

Please consider this letter an enthusiastic endorsement for the proposed Washington State University DNP program. Our current career ladder at WWCC begins at the nursing assistant level and offers the practical nurse, registered nurse, bachelors in nursing (WSU) Masters in Nursing (WSU) and this would complete the professional career ladder in nursing. Our partnership with WSU is strong and will continue to provide access and diversity to strengthen the professional health care workforce in southeast Washington.

Respectfully,

A handwritten signature in cursive script that reads 'Marilyn D. Galusha'.

Marilyn D. Galusha, RN, MSN  
Director of Nursing and Allied Health Education



March 26, 2008

Patricia Butterfield, Dean  
WSU Intercollegiate College of Nursing  
2917 W Ft. George Wright Drive  
Spokane, WA 99224

Dear Dean Butterfield:

I recently heard that WSU was about to embark on a new educational adventure, creating a DNP Program, and I wanted to send you this letter of support. I feel extremely fortunate to be part of a profession where there are so many opportunities. In addition to my current role as Chief Nursing Officer at Valley Hospital I had the opportunity to teach a class at ICN this semester. This provided me with even more insight as to how critical a link there is between the clinical and academic world.

As a hospital administrator I see numerous possibilities for DNPs in the hospital arena. Their expertise with evidenced based practice and background of policy analysis would be crucial to a facility such as ours. Additionally, at a time when hospitals are required to be fiscally responsible a DNP's business sense and background would be ideal.

The nursing profession is faced with a crisis that requires innovative, creative, well educated clinicians and leaders. DNPs will change the future of nursing care delivery! I too, have a desire in the future to obtain my doctorate in Nursing and therefore will be thrilled when I hear of the success of this program being recognized.

Please feel free to contact me if I can be of any help to you throughout this process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa M. Noland".

Lisa M. Noland, RN, MSN  
Chief Nursing Officer  
509-473-5405

Valley Hospital and  
Medical Center  
12606 East Mission Avenue  
Spokane Valley, WA 99210-0248  
509-924-6650  
[www.valleyhospital.org](http://www.valleyhospital.org)



## Linfield-Good Samaritan School of Nursing

2255 NW NORTHRUP  
PORTLAND, OR 97210-2952  
503-413-7161 • FAX: 503-413-6846

January 30, 2008

Higher Education Coordinating Board of Washington State  
117 Lakeridge Way  
PO Box 43430  
Olympia, WA 98504-3430

Board Members,

This is a letter of support for the development of a Doctorate of Nursing Practice (DNP) program at Washington State University. There is a need within the nursing profession for doctorally prepared faculty who are also nurse clinicians. The focus on clinical expertise would be particularly valuable within an undergraduate program such as Linfield-Good Samaritan School of Nursing (LGSSON). DNP prepared faculty members would act as clinical experts and role models for students, and could guide students in the development of safe and effective evidence based practice. As academic nurse leaders, DNP graduates would also have additional competencies that are integral to the faculty role. These skills include grant writing, community engagement, policy analysis, and advocacy.

The doctorate is the terminal degree for promotion and tenure at LGSSON. While LGSSON prefers to hire new faculty who already have the doctoral degree, the nursing shortage makes it difficult to find an adequate pool of qualified candidates. When new tenure track faculty who are masters prepared are hired, it is Linfield's expectation and a condition for tenure that they will pursue doctoral education. The DNP is one of the degrees that qualify as the terminal degree. LGSSON is committed to supporting new and continuing master's prepared faculty in their pursuit of the doctoral degree - both financially and through adjusted workloads. In addition, LGSSON would be interested in hiring faculty who are graduates of the DNP program.

I strongly support the development of the DNP program at WSU-Vancouver, and look forward to having another option available in the region for nursing faculty seeking additional education.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peggy Wres'.

Peggy Wres, RN, PhD  
Associate Dean and Professor of Nursing





Legacy Salmon Creek Hospital  
2211 N.E. 139th Street  
Vancouver, Washington 98686  
360-487-1000

January 18, 2008

Higher Education Coordinating Board of Washington State  
117 Lakeridge Way  
P.O. Box 43430  
Olympia, WA 98504-3430

Re: Letter of Support

Dear Members of the HEC Board:

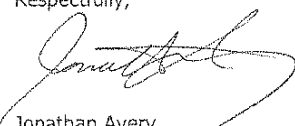
We are writing to you in support of the Doctor of Nursing Practice program at Washington State University (WSU). Legacy Health System recognizes that strong nurse leaders, both at the bedside and in administrative roles, are essential to ensure quality patient care for the future.


Today's registered nurse needs to demonstrate the highest level of clinical expertise in their practice. They also need strong skills in systems organization, implementing programs of prevention and promotion of health for the community, establishing nursing practice through evidence-based research and utilizing emerging technology including diagnostic advancements and electronic health records.

The DNP curriculum at WSU will provide the educational background for doctoral nursing students to achieve a high level of clinical expertise and skill in these important areas. The DNP graduate will have a more complete knowledge of evidence-based strategies that improve health care outcomes for individuals and the community. Other benefits will include a better understanding of medical care cost analyses and how to integrate medical research into nursing practice.

Legacy Salmon Creek Hospital looks forward to the benefits we will receive by having nurses who have completed the DNP program practicing at our hospital. We believe the outcome of this program will be a strong core of nursing leaders directing patient care through evidence-based strategies and competencies. Thank you for considering our views in your efforts in creating the DNP curriculum.

Respectfully,

  
Jonathan Avery  
Chief Administrative Officer  
Legacy Salmon Creek Hospital  
(360) 487-3451

  
Lani Gaskill, MPA/HA RN  
Site Director of Nursing  
Legacy Salmon Creek Hospital  
(360) 487-3542

Legacy Health System includes Emanuel Hospital & Health Center, Emanuel Children's Hospital, Good Samaritan Hospital & Health Center, Meridian Legacy Health System, includes Emanuel Hospital & Health Center, Emanuel Children's Hospital, Good Samaritan Hospital & Medical Center, Meridian Park Hospital, Mount Hood Medical Center, Salmon Creek Hospital, Visiting Nurse Association, Legacy Clinics and CareMark/Munagud HealthCare Northwest PPO.

251674

March 21, 2008

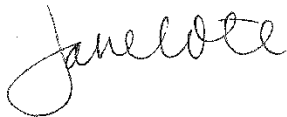
To Whom It May Concern:

The College of Business and College of Nursing have a strong and natural connection and have worked to collaborate in the past. Graduate students from nursing need clear understandings of business principles to be leaders in health care today. This letter is in support of the Doctor of Nursing Practice program proposal generally but more specifically it is in support of the proposed Seminar in Interprofessional Collaboration. With graduate students from business included in the Seminar, exciting community based projects become possible with fiscally sustainable outcomes.

The course emphasizes "leadership in collaborative efforts among professionals with clients and community partners." Business graduates clearly need to be focuses on the knowledge and skills necessary for inter-professional collaboration and the development and implementation of collaborative, inter-professional community based projects." These skills are increasingly essential in the broader professional community.

The Washington State University Doctor of Nursing Practice proposal is creative and aligns well with the mission and vision of the University enhancing "the intellectual, creative, and practical abilities of the individuals, institutions and communities that we serve." Moreover this course provides concrete opportunity to actively seek "connections within and across disciplines, and collaboratively [engage] as lifelong learners in a technologically and culturally complex world" aligning with the mission of the Vancouver campus.

Sincerely,



Jane Cote, Ph.D.  
Associate Professor of Accounting and  
Director of Business Programs  
Washington State University Vancouver  
14204 NE Salmon Creek Ave.  
Vancouver, WA 98686

14204 NE Salmon Creek Avenue  
Vancouver, WA 98686-9600

January 3, 2008

To Whom It May Concern:

This letter is written in support of the Doctor of Nursing Practice program proposal generally, but more specifically it is in support of the proposed Seminar in Inter-professional Collaboration. With graduate students from our educational leadership programs included in the Seminar, exciting community based projects with important outcomes related to nursing education or preventative health education could be enriched.

The course "focuses on the knowledge and skills necessary for inter-professional collaboration and the development and implementation of collaborative, inter-professional community based projects." These skills are increasingly essential in the broader professional community.

The Washington State University Doctor of Nursing Practice proposal is creative and aligns well with the mission and vision of the University enhancing "the intellectual, creative, and practical abilities of the individuals, institutions and communities that we serve." Moreover this course provides concrete opportunity to actively seek "connections within and across disciplines, and collaboratively [engage] as lifelong learners in a technologically and culturally complex world" aligning with the mission of the Vancouver campus.

Sincerely,



June Canty, Ed.D.  
Professor and Director  
Education Programs  
Washington State University Vancouver

14204 NE Salmon Creek Avenue  
Vancouver, WA 98686-9600

## APPENDIX II

### Evaluation Instruments for Program Assessment and Student Learning Outcomes

#### Cover Letter for Employer Survey

Dear \_\_\_\_\_:

**We need your help to evaluate the impact of the Doctor of Nursing Practice program at Washington State University.**

The American Association of Colleges of Nursing in 2004 issued a position paper calling for all advanced practice education being offered at the doctoral level by the year 2015. In response to this position paper the Washington State University College of Nursing developed a Doctor of Nursing Practice (DNP) program. The goal of the DNP is to provide optimal graduate education to prepare nurses for an increasingly complex health care system and the increasingly complex needs of patients. As an employer of a graduate(s) of the DNP program we are asking you to assist us in evaluating the quality and effectiveness of the program as well as the outcomes of DNP graduates. Our intent is to use information about the DNP program graduates to revise the curriculum.

Participation in the survey is completely voluntary and you may choose not to answer any or all questions. Questions address areas such as: the type of positions in which DNP graduates are employed, if you have identified ways that the DNP graduate is improving health care quality, if you have identified ways that the DNP graduate is reducing health disparities, and the level of cultural competence of the DNP graduate.

Your return of the questionnaire will be interpreted as your consent to participate. Individual responses will be kept confidential and will only be made public in aggregate with the responses from other employers of DNP graduates. Information collected in this study may be used for comparative purposes with other surveys of employers of graduates this and other DNP programs. This project has been reviewed and approved for human participation by the Washington State University Institutional Review Board.

The questionnaire should take approximately 10 minutes to complete. If you have any questions or concerns or do not want to have a follow-up survey sent to you, please contact Dawn Doutrich at 360-546-9464 or at [doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu) or Renee Hoeksel at 360-546-9621 or at [hoeksel@vancouver.wsu.edu](mailto:hoeksel@vancouver.wsu.edu). If you have questions regarding your rights as a participant, please call the WSU Institutional Review Board at (509)335-9661 or [irb@wsu.edu](mailto:irb@wsu.edu).

We would be deeply grateful if you would take the time to complete our survey and return it in the postage paid envelope BY \_\_\_\_\_. Thank you for your support of the Doctor of Nursing Practice program!

Dawn Doutrich PhD, RN  
Associate Professor

Renee Hoeksel, PhD, RN  
Professor

## **Cover Letter for Student and Alumni Survey**

Dear WSU nursing alum,

We need your help to develop a Doctor of Nursing Practice program at Washington State University College of Nursing.

The American Association of Colleges of Nursing in 2004 issued a position paper calling for all advanced practice education being offered at the doctoral level by the year 2015. In response to this position paper the College of Nursing is developing a Doctor of Nursing Practice (DNP) program. This position does not affect currently educated or licensed advanced practice nurses such as nurse practitioners and clinical nurse specialists. The goal of the DNP is to provide optimal graduate education to prepare nurses for an increasingly complex health care system and the increasingly complex needs of patients. Development of the DNP involves a needs assessment. As a student or alumni of Washington State University's College of Nursing, we are asking you to participate in this study to assess the interest and needs of prospective DNP students.

Participation in the survey is completely voluntary and you may choose not to answer any or all questions. Questions address areas such as whether or not you are interested in obtaining a DNP, what area of advanced practice you might be interested in and what additional information you may want about the DNP.

Your return of the survey will be interpreted as your consent to participate. Individual responses will be kept confidential and will only be made public in aggregate with the responses from other students or alumni of the College of Nursing. Information collected in this study may be used for comparative purposes with other surveys of students or graduates of the College of Nursing or the needs assessments of other colleges of nursing. This project has been reviewed and approved for human participation by the Washington State University Institutional Review Board.

The survey should take approximately 10 minutes to complete. If you have any questions or concerns or do not want to have a follow-up survey sent to you, please contact Dawn Doutrich at 360-546-9464 or at [doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu) or Renee Hoeksel at 360-546-9621 or at [hoeksel@vancouver.wsu.edu](mailto:hoeksel@vancouver.wsu.edu). If you have questions regarding your rights as a participant, please call the WSU Institutional Review Board at (509)335-9661 or [irb@wsu.edu](mailto:irb@wsu.edu).

We would be deeply grateful if you would take the time to complete our survey by going to the following link. <http://www.surveymonkey.com/s.asp?u=19192319592> Thank you for your support of the Doctor of Nursing Practice program!

Dawn Doutrich PhD, RN  
Associate Professor

Renee Hoeksel, PhD, RN  
Professor

### Employer of Doctor of Nursing Practice (DNP) Graduates Survey

1. How many graduates of the DNP Program do you employ? \_\_\_\_\_
2. What best describes you're the practice setting in which the DNP graduate(s) practice? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Community clinic   | <input type="checkbox"/> Long-term care facility                 |
| <input type="checkbox"/> Health department  | <input type="checkbox"/> Occupational/employee health clinic     |
| <input type="checkbox"/> Health maintenance organization                          | <input type="checkbox"/> Veterans Administration facility        |
| <input type="checkbox"/> Private office practice                                  | <input type="checkbox"/> Military clinic/hospital                |
| <input type="checkbox"/> Hospital-based outpatient clinic (not an emergency room) | <input type="checkbox"/> Home care agency                        |
| <input type="checkbox"/> Hospital emergency room                                  | <input type="checkbox"/> Hospital operating room                 |
| <input type="checkbox"/> Hospital-based inpatient unit                            | <input type="checkbox"/> Hospital obstetrics                     |
| <input type="checkbox"/> Planned Parenthood                                       | <input type="checkbox"/> Jail health center                      |
| <input type="checkbox"/> School/college health service                            | <input type="checkbox"/> Tribal health center                    |
|   | <input type="checkbox"/> Urgent care clinic                      |
|   | <input type="checkbox"/> Other ( <i>please describe</i> ): _____ |

3. Is your facility rural or urban? Rural is defined as a community with less than 25,000 residents.

- ☐ Rural  
☐ Urban

4. In what type of positions are you employing DNP graduates? *Check all that apply.*

- ☐ Family Nurse Practitioner  
☐ Psychiatric Mental Health Nurse Practitioner - Child/Adolescent  
☐ Psychiatric Mental Health Nurse Practitioner - Adult  
☐ Community/Public Health  
☐ Administration  
☐ Education  
☐ Informatics  
☐ Other *Please explain.* \_\_\_\_\_

5. Did any of the DNP graduates you employ complete a clinical component of the program in your organization?

- ☐ Yes  
☐ No

6. Did any of the DNP graduates complete a clinical research project in your organization?

- ☐ Yes  
☐ No

7. Were any of the DNP graduates employed in your organization before/during the DNP program?
- ☐ Yes  
☐ No
8. Please compare the cultural competence of the non-DNP graduate to that of the DNP graduate. The DNP graduate's degree of cultural competence is:
- ☐ Much less ☐ Somewhat less ☐ The same ☐ Somewhat more ☐ Much more
9. Have you identified ways that the DNP graduate is improving health care quality?
- ☐ No  
☐ Yes Please give an example \_\_\_\_\_
10. Have you identified ways that the DNP graduate is contributing to the reduction of health disparities?
- ☐ No  
☐ Yes Please give an example \_\_\_\_\_
11. Have you identified the DNP as having more leadership skills compared to non-DNP prepared nurses?
- ☐ No  
☐ Yes Please give and example \_\_\_\_\_
12. Is the DNP graduate participating in research activities?
- ☐ No  
☐ Yes Please give an example \_\_\_\_\_
13. Is the DNP graduate better prepared than the non-DNP graduate to use advanced technologies for the delivery of care?
- ☐ No  
☐ Yes Please give an example \_\_\_\_\_
14. Do you perceive that staff/colleagues interact differently with the DNP graduate than other nurses?
- ☐ No  
☐ Yes Please give an example \_\_\_\_\_
15. Will you agree to have DNP students in clinical rotations in your organization?
- ☐ Yes  
☐ No

16. Will you agree to have DNP students clinical conduct research projects in your organization?

☐ Yes

☐ No

17. Will you continue to hire DNP graduates?

☐ Yes Why? \_\_\_\_\_

☐ No Why not? \_\_\_\_\_

18. What else would you like to tell us about your experience employing a DNP graduate(s)?

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*Thank you very much for your participation!*



## **DNP Consent Form Stakeholder Focus Groups**

### **WASHINGTON STATE UNIVERSITY**

#### **CONSENT FORM**

##### **Doctor of Nursing Practice Degree**

Researchers: Dawn Doutrich PhD, RN Associate Professor  
Interim-Director WSU Vancouver Nursing Program 360-546-9464  
doutrich@vancouver.wsu.edu

Renee Hoeksel, PhD, RN, Professor  
Vancouver Nursing Program 360-546-9621  
hoeksel@vancouver.wsu.edu

#### Researchers' Statement

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' We will give you a copy of this form for your records.

#### **PURPOSE AND BENEFITS**

The American Association of Colleges of Nursing in 2004 issued a position paper calling for all advanced practice education being offered at the doctoral level by the year 2015. In response to this position paper the College of Nursing is developing a Doctor of Nursing Practice (DNP) program. The goal of the DNP is to provide optimal graduate education to prepare nurses for an increasingly complex health care system and the increasingly complex needs of patients. The design, implementation and evaluation of the DNP involves a needs assessment, planning for the transition from a master's program to a DNP program, curricular development, development of community partnerships, recruitment and enrollment of students, a formative program and student learning assessment and an end of program and post graduation evaluation.

The purpose of the focus group is to assess the interest and needs of prospective students, community stakeholders and potential employers of graduates of the DNP program. The development of the DNP program and evaluation of its quality and effectiveness will strengthen nursing leadership and the delivery of patient care. This study will assure that the DNP program provides quality education to students and that their educational needs and expectations are met. The study will also benefit community partners and patients by assessing the effectiveness of the DNP program in improving the health of residents of the state.

#### **PROCEDURES**

We are asking you to participate in a focus group approximately one hour long. Examples of questions we will ask include: How do you envision a doctorally prepared advance practice nurse such as a nurse practitioner, clinical nurse specialist, an administrator, educator, or a researcher enhancing leadership, clinical practice and research in your organization; and in order for DNP graduates to meet the needs of

your organization, what would you like to see in the curriculum? You may refuse to answer any question. The focus group will be audio-taped and transcribed.

#### RISKS, STRESS, OR DISCOMFORT

Subjects may feel some discomfort when answering questions about a proposed educational program with which they are not familiar, which they may perceive as controversial or which they may oppose. Some people feel that providing information for a research project is an invasion of privacy. Some people feel a little self-conscious when they speak to a researcher. Some people feel self-conscious when they are audio-taped.

#### OTHER INFORMATION

Data will be confidential. It will be kept in a locked cabinet in the office of the DNP project manager in the College of Nursing in Vancouver. Data may also be stored in the College of Nursing in Spokane in the office of one of the investigators. Computers used for the study will be restricted to those in the offices of the investigators to which only each investigator has access. If graduate students are included in the study they will sign a confidentiality agreement as will whoever is involved in transcription of interviews and focus groups. Transcribed focus groups will be downloaded to discs rather than to the transcriptionist's computer. Discs will be stored in the project manager's office. Subjects may refuse to participate or may withdraw from the study at any time.

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Printed name of researcher

Signature of researcher

Date

---

Printed name of researcher

Signature of researcher

Date

#### Subject's Statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have general questions about the research, I can ask one of the researchers listed above. If I have questions regarding my rights as a participant, I can call the WSU Institutional Review Board at (509)335-3668 or contact them by e-mail at [irb@wsu.edu](mailto:irb@wsu.edu). This project has been reviewed and approved for human participation by the WSU IRB. I will receive a copy of this consent form.

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Printed name of subject

Signature of subject

Date

## **Interview Guide for Stakeholder Focus Groups**

Preface questions with introductory statement about the DNP.

1. Before receiving our invitation to participate today, were you aware of the position of the American Association of Colleges of Nursing (AACN) to move entry into advanced practice to doctoral preparation? If so, what did you know? If not, what was your reaction to this information?
2. What are the leadership roles for nurses in your organization?
3. How do you envision a doctorally prepared advance practice nurse such as a nurse practitioner, clinical nurse specialist, an administrator, educator, or a researcher enhancing leadership, clinical practice and research in your organization?
4. In order for DNP graduates to meet the needs of your organization, what would you like to see in the curriculum?
5. An important foundational piece of the DNP curriculum will be partnerships between students and agencies such as yours as this program will require intensive clinical experiences. How might you envision practice, research, and leadership opportunities in your organization for our DNP students?

## Letter to Recruit Students for Interviews

[Insert Date]

Dear \_\_\_\_\_:

**I am contacting you to ask if you will participate in a study about students enrolled in the Washington State University College of Nursing's Doctor of Nursing Practice Program.**

You are currently enrolled in the Washington State University College of Nursing's Doctor of Nursing Practice (DNP). We are conducting a study titled Development, Implementation and Evaluation of the Doctor of Nursing Practice Degree. This study has been reviewed and approved for human subject participation by Washington State University's Institutional Review Board. The study's purposes include evaluation of the quality, effectiveness and cultural competence of the DNP curriculum; analysis of the experience of students enrolled in the DNP; evaluation of the end of program outcomes of DNP graduates and evaluation of post-graduation outcomes of DNP graduates.

We are asking if you would be willing to participate in the study. Participation in the study is completely voluntary. We would like to conduct several interviews with you over time. The first interview will be just before starting the DNP program. There will be one interview each year while you are enrolled in the DNP program. There will also be an interview at the end of the DNP program and one year after graduation from the DNP program. Each interview will be approximately 30 minutes long and will be audio-taped. The tape will be transcribed and the transcript used for analysis. The data will be confidential and your name will not be used in any reports or publications.

If you are willing to participate in the study please return the enclosed pre-paid card or contact us by e-mail at [doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu) or [hoeksel@vancouver.wsu.edu](mailto:hoeksel@vancouver.wsu.edu) by [INSERT DATE]. If you have any questions that can be answered before making a decision about your participation, please contact Dawn Doutrich at 360-546-9464 or [doutrich@wsu.edu](mailto:doutrich@wsu.edu) or Renee Hoeksel at 360-546-9621 or [hoeksel@vancouver.wsu.edu](mailto:hoeksel@vancouver.wsu.edu).

Thank you for your consideration of this request. We look forward to hearing from you.

Sincerely,

Dawn Doutrich PhD, RN  
Associate Professor

Renee Hoeksel, PhD, RN  
Professor

## Stakeholder Focus Group Letter

July 2006

Dear \_\_\_\_\_:

The American Association of Colleges of Nursing in 2004 issued a position paper calling for all advanced practice education being offered at the doctoral level by the year 2015. Examples of advanced practice nurses include nurse practitioners, clinical nurse specialists and nurse educators. This practice-focused degree is known as a Doctor of Nursing Practice (DNP). Practice-focused degrees are already awarded by professions such as physical therapy, pharmacology, optometry, medicine, and dentistry. DNP educated advanced practice nurses will be prepared for leadership roles in practice, administration, clinical research and education. These roles are increasingly important in our complex health care environment.

This AACN recommendation will not affect currently licensed nurse practitioners or clinical nurse specialists. Students currently enrolled in advanced practice master's degree programs will also not be affected. There will, however, be opportunities for advanced practice nurses who are interested in obtaining post-master's education leading to the DNP degree.

Washington State University's Intercollegiate College of Nursing is planning to develop a DNP Program. To assure that our program meets the needs of future students, our community partner organizations, and the patients who will be served, we are asking for your participation in the planning process by attending a focus group on [INSERT DATE]. The focus group will be held at [INSERT LOCATION] from [INSERT TIME].

Your ideas, needs and insights are extremely important to us as we engage in the planning of the DNP. We want the broadest possible representation reflective of our communities. Thank you in advance for your participation. Please contact us at [360-546-9085](tel:360-546-9085) or [ludwig@vancouver.wsu.edu](mailto:ludwig@vancouver.wsu.edu) if further information is needed at this point. The Washington State University Human Subjects Review Board has reviewed and approved this project for human subjects' participation.

Sincerely,

WSU Nursing Doctor of Nursing Practice Task Force

## **Student and Graduate Interview Guides**

### **DNP Student Interview Guide Pre-Program for Post-Master's Students**

1. Please describe your nursing background such as the type of nursing roles you have had, areas of specialization, relationships with advanced practice nurses and involvement in professional activities.
2. How did you learn about the Doctor of Nursing Practice (DNP) program and what made you decide to apply for admission?
3. Are there any supports and/or incentives that are making it possible for you to enroll in the DNP program?
4. Describe your experience and degree of comfort with computers and other types of technology.
5. What are your personal goals for obtaining a DNP?
  - a. What made you decide you needed the DNP to attain these goals?
6. Do you believe graduates of the DNP program will be able to improve health care quality and contribute to reducing health disparities?
7. Are there any unanswered questions you have about obtaining the DNP?
8. What else would you like to tell us about your decision to obtain a DNP?

**DNP Student Interview Guide**  
**Pre-Program for Post-BSN Students**

1. Please describe your nursing background such as the type of nursing roles you have had, areas of specialization, relationships with advanced practice nurses and involvement in professional activities.
2. How did you learn about the Doctor of Nursing Practice (DNP) program and what made you decide to apply for admission?
  - a. What made you choose the DNP instead of a master's program?
3. Are there any supports and/or incentives that are making it possible for you to enroll in the DNP program?
  - a. Would these supports/incentives have been available if you chose to enroll in a master's program?
4. Describe your experience and degree of comfort with computers and other types of technology.
5. What are your personal goals for obtaining a DNP?
6. What made you decide you needed the DNP to attain these goals?
7. Do you believe graduates of the DNP program will be able to improve health care quality and contribute to reducing health disparities?
8. Are there any unanswered questions you have about obtaining the DNP?
9. What else would you like to tell us about your decision to obtain a DNP?

**DNP Student Interview Guide**  
**Intra-program Students**

1. Is the DNP program meeting your expectations?
2. Are your personal goals for obtaining a DNP being met?
3. Do you still think the DNP is necessary to attain your personal goals?
4. Do you believe graduates of the DNP program will be able to improve health care quality and contribute to reducing health disparities?
  - a. How is the DNP program enhancing your cultural competence?
5. How is the DNP program preparing you to be a nurse leader?
6. How is the DNP preparing you for practice inquiry?
7. How is the DNP program preparing you to use advanced technologies for the delivery of care?
8. Are there any unanswered questions you have about obtaining the DNP?
9. What else would you like to tell us about your experience in the DNP program?



**DNP Student Interview Guide**  
**End of Program Students**

1. Did the DNP program meet your expectations?
2. Were your personal goals for obtaining a DNP met?
3. Do you still think the DNP was necessary to attain your personal goals?
4. Do you believe graduates of the DNP program will be able to improve health care quality and contribute to reducing health disparities?
5. How did the DNP program enhance your cultural competence?
6. How did the DNP program prepare you to be a nurse leader?
7. How did the DNP prepare you for practice inquiry?
8. How did the DNP program prepare you to use advanced technologies for the delivery of care?
9. What else would you like to tell us about your experience in the DNP program?

## **DNP Student Interview Guide Graduates**

1. Are your personal goals for obtaining a DNP met?
  - a. What type of role/position do you have?
  - b. Was this role/position possible because you earned the DNP?
2. Do you still think the DNP was necessary to attain your personal goals?
3. How did the DNP program prepare you to improve health care quality and contribute to reducing health disparities?
4. How did the DNP program enhance your cultural competence?
5. How did the DNP program prepare you to be a nurse leader?
  - a. Are you involved in professional activities in a way you were not prior to earning the DNP?
6. How did the DNP prepare you for practice inquiry?
7. How did the DNP program prepare you to use advanced technologies for the delivery of care?
8. Does having a DNP make a difference in the way your colleagues interact with you?
9. What else would you like to tell us about your experience as a DNP graduate?
  - a. Is there anything that has surprised or disappointed you?
10. Would you recommend DNP education to other nurses?

## **DNP Consent Form Student Interviews**

### **WASHINGTON STATE UNIVERSITY CONSENT FORM**

#### **Doctor of Nursing Practice Degree**

Researchers: Dawn Doutrich PhD, RN Associate Professor  
Interim-Director WSU Vancouver Nursing Program 360-546-9464  
doutrich@vancouver.wsu.edu

Renee Hoeksel, PhD, RN, Professor  
Vancouver Nursing Program 360-546-9621  
hoeksel@vancouver.wsu.edu

#### Researchers' Statement

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' We will give you a copy of this form for your records.

#### **PURPOSE AND BENEFITS**

The American Association of Colleges of Nursing in 2004 issued a position paper calling for all advanced practice education being offered at the doctoral level by the year 2015. In response to this position paper the College of Nursing developed a Doctor of Nursing Practice (DNP) program. The goal of the DNP is to provide optimal graduate education to prepare nurses for an increasingly complex health care system and the increasingly complex needs of patients. Evaluation of the DNP involves a formative program and student learning assessment and an end of program and post graduation evaluation.

This is one of several interviews that will be requested during your enrollment as a DNP student and after graduation. The purpose of the interviews is to learn about the experience of students enrolled in the DNP program, evaluate if the program is meeting the expectation and needs of students and determine if graduates of the program are satisfied with the educational preparation.

The development of the DNP program and evaluation of its quality and effectiveness will strengthen nursing leadership and the delivery of patient care. This study will assure that the DNP program provides quality education to students and that their educational needs and expectations are met. The study will also benefit community partners and patients by assessing the effectiveness of the DNP program in improving the health of residents of the state.

#### **PROCEDURES**

We are asking you to participate in an interview approximately 30 minutes long. Examples of questions we will ask include: 1) How did you learn about the Doctor of Nursing Practice (DNP) program and what made you decide to apply for admission?; 2) What are your personal goals for obtaining a DNP? 3) Is the

DNP program meeting your expectations?; and 4) How did the DNP prepare you for practice inquiry? You may refuse to answer any question. The interview will be audio-taped and transcribed.

### RISKS, STRESS, OR DISCOMFORT

Subjects may feel some discomfort when answering questions about an educational program in which they are enrolled or from which they have graduated especially if they are not satisfied with the program. Some people feel that providing information for a research project is an invasion of privacy. Some people feel a little self-conscious when they speak to a researcher. Some people feel self-conscious when they are audio-taped.

### OTHER INFORMATION

Data will be confidential. It will be kept in a locked cabinet in the office of the DNP project manager in the College of Nursing in Vancouver. Data may also be stored in the College of Nursing in Spokane in the office of one of the investigators. Computers used for the study will be restricted to those in the offices of the investigators to which only each investigator has access. If graduate students are included in the study they will sign a confidentiality agreement as will whoever is involved in transcription of interviews and focus groups. Transcribed interviews will be downloaded to discs rather than to the transcriptionist's computer. Discs will be stored in the project manager's office. Subjects may refuse to participate or may withdraw from the study at any time.

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Printed name of researcher	Signature of researcher	Date
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Printed name of researcher	Signature of researcher	Date
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### Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have general questions about the research, I can ask one of the researchers listed above. If I have questions regarding my rights as a participant, I can call the WSU Institutional Review Board at (509)335-3668 or contact the IRB at [irb@wsu.edu](mailto:irb@wsu.edu). This project has been reviewed and approved for human participation by the WSU IRB. I will receive a copy of this consent form.

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Printed name of subject	Signature of subject	Date
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☐ I agree to be contacted for the next interview.

## DNP Student and Alumni Survey

### Doctor of Nursing Practice Survey

1. Were you aware that the American Association of Colleges of Nursing has recommended a Doctorate of Nursing Practice (DNP) degree instead of a Master of Nursing degree as the initial educational preparation of advanced practice nurses by 2015?

☐ Yes ☐ No

2. Would you be interested in obtaining a DNP?

☐ Yes

☐ No → Why not? \_\_\_\_\_

☐ Undecided

**IF YOU ARE NOT INTERESTED IN OBTAINING A DNP PLEASE SKIP TO QUESTION #7**

3. When would you consider obtaining a DNP?

☐ in the next 2 years

☐ in the next 3-5 years

☐ in the next 6-10 years

☐ Other \_\_\_\_\_

4. What would encourage you to obtain a DNP?

☐ Tuition reimbursement

☐ Tuition scholarships

☐ Time off from work

☐ Flexible course scheduling

☐ Knowing the job I want would require a DNP

☐ Other. *Please explain.*

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5. The core DNP curriculum will focus on leadership, research, and policy. In addition to the core, would you be interested in a particular specialty? If you already have a Master's degree in nursing, would you be interested in adding a second certification in a particular specialty? *Check all that apply.*

☐ Family Nurse Practitioner

☐ PMHNP/Child/Adolescent

☐ PMHNP/Adult

☐ Community- Public Health

☐ Community- Administration

☐ Community- Education

☐ Community- Informatics

☐ Other *Please explain.*

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6. What is your preferred educational format?

☐ Face-to-face

☐ Web based

☐ Combination of web & face-to-face

7. What best describes your relationship to WSU? *Check all that apply.*

- ☐ Currently enrolled generic BSN student
- ☐ Currently enrolled RN-BSN student
- ☐ Currently enrolled RN-MN student
- ☐ Currently enrolled MN student
- ☐ Generic BSN graduate
- ☐ RN-BSN graduate
- ☐ RN-MN graduate
- ☐ MN graduate
- ☐ Post-master's graduate

8. What is your gender? ☐ Female ☐ Male

9. What is your age? \_\_\_\_\_

10. What is your race/ethnicity? *Check all that apply.*

- ☐ White ☐ African-American ☐ Asian ☐ Native Alaskan/American Indian
- ☐ Pacific Islander ☐ Other: \_\_\_\_\_

11. Are you of Hispanic origin? ☐ Yes ☐ No

12. Where do you live? ZIP code: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

13. What additional information would you be interested in obtaining about the DNP?

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## APPENDIX III

### Doctorate of Nursing Practice Course Objectives Matrix

Course Title	Objectives
N507 Health Care Policy Analysis (3 credits)	<ol style="list-style-type: none"> <li>1. Identify the economic, political and social impact of healthcare policy related to access, financing, practice regulation, safety, quality, and efficacy.</li> <li>2. Analyze existing and proposed health policies including legislative, regulatory and fiscal issues from the perspective of nurses, consumers and other relevant stakeholders</li> <li>3. Analyze ethical issues related to health care systems and community resource allocation.</li> <li>4. Influence policy makers at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.</li> <li>5. Understand the application of health policies that have been implemented programmatically in the community.</li> <li>6. Develop, evaluate, and provide leadership for health care policy that shapes healthcare financing, regulation, and delivery.</li> <li>7. Serve as a leader in the development, implementation and evaluation of health care policy to advance the nursing profession and to advocate for social justice, equity and ethical policies in all aspects of healthcare.</li> </ol>
N511 Rural and Cultural Competencies for Population Health (2 credits)	<ol style="list-style-type: none"> <li>1. Analyze and evaluate rural and global health issues impacting the DNP role in the context of world events, politics, economics, culture, and the environment.</li> <li>2. Analyze characteristics of target populations or practice settings using cultural competency models to address health disparities.</li> <li>3. Evaluate population health issues and outcomes from a variety of theoretical perspectives including biological, cultural, ethical, political, economic, environmental, epidemiological, and multidisciplinary using participatory action and/or other research models.</li> <li>4. Evaluate the effects of health care theories, practices, research, and policies on rural and global health issues.</li> </ol>
N512 Rural and Cultural Competencies for Population Health Practicum (1-2 credits)	<ol style="list-style-type: none"> <li>1. Formulate a set of personal learning objectives related to improving rural and/or cultural competencies from an advanced practice perspective in a specified area of rural, cultural, or international population health</li> <li>2. Identify a target population and multidisciplinary team with whom to collaborate in the development of a program or policy designed to improve population health</li> <li>3. Apply rural and cultural competency, empowering research methods, and evidence-based literature in your assessment of the population's needs and development of the policy or program.</li> <li>4. Develop a comprehensive plan for evaluation of the program or policy.</li> </ol>
N518 Translating Evidence into Practice (3 credits)	<ol style="list-style-type: none"> <li>1. Develop the ability to conduct data based searches to support evidence.</li> <li>2. Assemble a personal "tool kit" for conducting evidence based practice</li> <li>3. Compare research designs to determine their level of significance in translating evidence into practice.</li> <li>4. Formulate critical questions relevant to advanced practice.</li> <li>5. Analyze quantitative and qualitative research methods with respect to the design, measurement and analysis of evidence based studies.</li> <li>6. Assess strategies for translating evidence into advanced practice.</li> <li>7. Prepare a proposal for generation and dissemination of evidenced to guide clinical practice.</li> </ol>
N539 Foundations of the DNP Role (1 credit)	<ol style="list-style-type: none"> <li>1. Articulate an understanding of the foundations of the DNP role.</li> <li>2. Appraise the historical, socio-cultural, political, and professional influences on the development of the DNP role.</li> <li>3. Analyze evidenced-based approaches to health care delivery in advanced practice</li> <li>4. Develop strategies to integrate practice inquiry and advanced practice.</li> <li>5. Analyze the social, cultural, political, legal, regulatory, and ethical factors that affect DNP professionalism and practice.</li> </ol>

Course Title	Objectives
N565 Information Management for Nursing Practice (3 credits)	<ol style="list-style-type: none"> <li>1. Analyze nursing information requirements for clinical and management information systems.</li> <li>2. Analyze information needs and technological issues related to productivity and quality improvement programs in nursing.</li> <li>3. Analyze the contributions of information technology to nursing education, administration, clinical practice, and research.</li> <li>4. Use computer programs to solve budgetary, staffing, nursing care and data management problems for nursing.</li> </ol>
N576 Organizational Systems and Leadership: Seminar and Practicum (2 credits)	<ol style="list-style-type: none"> <li>1. Analyze and apply a variety of organizational frameworks to the practicum placement environment.</li> <li>2. Develop a personal theory of management and leadership</li> <li>3. Formulate a personal development plan based on analysis of DNP career goals and leadership strengths.</li> <li>4. Develop a proposal for a change project within the practicum environment using a selected framework and include elements of teamwork, interdisciplinary collaboration, evaluation, and supervision.</li> </ol>
N580 DNP Immersion Practicum (1 credit, 5 elective credits)	<ol style="list-style-type: none"> <li>1. Formulate individualized, outcome-based learning objectives for use in developing a plan to integrate the essentials of doctoral preparation in advanced practice nursing.</li> <li>2. Evaluate and integrate relevant theories and evidence-based research findings to guide decision making, implementation and evaluation of the practicum</li> <li>3. Apply principles of cultural competence to the synthesis of advanced practice, leadership and practice inquiry.</li> <li>4. Demonstrate advanced skills in leadership, decision-making, advocacy and professionalism consistent with advanced practice nursing role.</li> <li>5. Design, implement and coordinate the delivery of advanced nursing practice to reduce health care disparities and enhance health care outcomes.</li> </ol>
N553 Seminar in Inter-professional Collaboration (1 credit)	<ol style="list-style-type: none"> <li>1. Define inter-professional health care collaboration.</li> <li>2. Identify the skills necessary to establish inter-professional teams and assume leadership of them when appropriate.</li> <li>3. Compare the roles and scope of practice of select health care professionals</li> <li>4. Develop interpersonal relationships necessary for successful collaborative practice.</li> <li>5. Create and implement an inter-professional community based project.</li> </ol>
N591 Mixed Methods for Outcomes Evaluation (3 credits)	<ol style="list-style-type: none"> <li>1. Identify key features, issues and current trends in the science of outcome measurement for programs and curricula..</li> <li>2. Evaluate methods used to develop process and outcome evaluation and the applicability to diverse and global populations.</li> <li>3. Analyze outcomes used or proposed for use in students' research and in their institutions (clinical or educational).</li> <li>4. Develop (and pilot test) a nursing outcome proposal that is appropriate for the dominant culture and at least one ethnically diverse group.</li> </ol>
N801 Nursing Practice Inquiry (1 credit seminar, 1-4 credits practicum)	<ol style="list-style-type: none"> <li>1. Identify a practice concern related to the student's specialty and personal goals for the DNP program.</li> <li>2. Explain the scientific underpinnings related to the practice concern through a comprehensive literature review and critique of: scientific research and evidence-based practice guidelines; evaluation of health care policy; the population and system; ethical, cultural and financial factors; and an evaluation of the role of the DNP.</li> <li>3. Incorporate information systems and/or technology in the practice inquiry proposal that will improve and transform health care.</li> <li>4. Demonstrate organization and systems leadership for quality improvement and systems change by leading a multidisciplinary team during the planning phase of the practice inquiry proposal.</li> </ol>
N802 Nursing Practice Capstone (1 credit seminar, 1-4 credits practicum)	<ol style="list-style-type: none"> <li>5. Demonstrate knowledge concerning inter-professional collaboration for improving patient and population health outcomes in class participation and scholarly work.</li> <li>6. Develop strategies to improve clinical prevention and population health for improving the nation's health.</li> <li>7. Implement the Capstone project and analyze findings.</li> <li>8. Develop conclusions and recommendations of the Capstone project to improve advanced nursing practice.</li> <li>9. Create a scholarly Capstone document to be shared with members of the academic and clinical community, stakeholders and interested constituencies.</li> </ol>



## **APPENDIX IV**

### **Doctorate of Nursing Practice Course Syllabi**

**WASHINGTON STATE UNIVERSITY  
COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N507

**COURSE TITLE:** Health Care Policy Analysis

**CREDIT HOURS:** 3 credits (2 credits didactic and 1 credit practicum)

**PREREQUISITES:** Graduate standing in nursing or permission of the instructor

**FACULTY:** Louise Kaplan, Ph.D., ARNP  
360-546-9618 office  
360-956-1164 home  
360-546-9038 fax  
e-mail: [kaplanla@wsu.edu](mailto:kaplanla@wsu.edu)

#### **CATALOG DESCRIPTION:**

Analysis of the health care policy process. Develop the ability to develop, implement and evaluate health care policies to advance the nursing profession and provide access to quality health care.

#### **TOPICS AND OBJECTIVES**

1. Identify the economic, political and social impact of healthcare policy related to access, financing, practice regulation, safety, quality, and efficacy.
2. Analyze existing and proposed health policies including legislative, regulatory and fiscal issues from the perspective of nurses, consumers and other relevant stakeholders
3. Analyze ethical issues related to health care systems and community resource allocation.
4. Influence policy makers at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
5. Understand the application of health policies that have been implemented programmatically in the community.
6. Develop, evaluate, and provide leadership for health care policy that shapes healthcare financing, regulation, and delivery.
7. Serve as a leader in the development, implementation and evaluation of health care policy to advance the nursing profession and to advocate for social justice, equity and ethical policies in all aspects of healthcare.

#### **BLACKBOARD**

Each student is required to enroll in Blackboard, the web-based portion of the class. To enroll, you will need the user name and password assigned to you by the College of Nursing. If you do not have this information, students in Vancouver can contact Christine Ludwig at [Ludwig@vancouver.wsu.edu](mailto:Ludwig@vancouver.wsu.edu) or at 546-9085. Students on other campuses can contact [spok.it.help@wsu.edu](mailto:spok.it.help@wsu.edu) or call (509) 358-7748. To access Blackboard, go to <http://nursingonline.wsu.edu>. In the middle of the page there is a link to the instructions to self enroll in the course. Once enrolled, you can log on at <http://blackboard.wsu.edu>. The course syllabus is posted in the section "Syllabus". The course readings are all available on electronic reserves via the library which can be accessed in the section, "External Links".

#### **READINGS AND OTHER COURSE MATERIALS**

There is no required textbook for the course. All readings are articles that are available either in each week's folder on Blackboard or through the library's electronic reserves. Electronic reserves can be accessed at \_\_\_\_\_. There is also a link to electronic reserves on Blackboard on the external links page.

### **WORK LOAD**

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. With distance friendly courses, the in class time is combined with the outside of class time. For instance, with a 3 credit course expect to spend an average of 9 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 9 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

### **ATTENDANCE AND CLASS PARTICIPATION**

It is required that you participate in class. You are to attend the in-person classes unless arrangements with the faculty are made *in advance*. If you live at a distance you will view the live video stream of the class and send questions and comments using instant messaging. If you are unable to participate during the actual time that class occurs, you will need to view the class using the archived video stream or videotapes. You will also be required to complete an assignment about the class. Any in-class activities will need to be completed and submitted to the course faculty no later than the specified due date unless arrangements are made with the faculty in advance. Lack of full participation may lead to a reduction in the course grade. Participation in the web based classes requires that you meet all deadlines for assignments and discussion board participation.

### **LATE ASSIGNMENTS**

Late assignments will not be accepted unless arrangements are made with the faculty *in advance* of the due date or unless there are mitigating circumstances. Request an extension by contacting the course instructor via e-mail at least one day in advance of the assignment due date. Late assignments submitted without an extension may lead to a reduction in grade.

**WRITING ASSIGNMENTS** – All papers must adhere to the university writing style guidelines. (Little, Brown Compact Handbook or APA Manual) Written assignments should include a cover page and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated.

### **DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first two weeks of the semester if any accommodations are needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through Disability Services on your campus.

### **ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as 'cheating' in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student's dismissal from the WSU College of Nursing.

### **INSTRUCTIONAL STRATEGIES:**

Learning will occur through the use of readings, discussions, in-class activities, web based activities, and assignments. The instructor may change the syllabus as needed to facilitate student learning. Students are expected to have completed the assigned readings and other preparatory work as a basis for interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through web based modules.

### **WEB BASED CLASSES**

There are six web based modules.

1. The web based modules are designed to promote self-guided learning and foster interactions among the class members. Much of what makes this class interesting is the development and exchange of ideas about health policy. The goal of the web based activities is to stimulate you and create a venue for thought provoking dialogue.
2. This is a 2 credit course. This course is compressed and the last class takes place approximately 6 weeks before the end of the semester with additional time required assignments. Each of the in-person classes is the equivalent of 3, two-hour classes for a total of nine classes. The web based modules account for another 6, two-hour classes. In addition to 30 hours of class time it is expected that you will spend an additional 60 hours in preparation for class and completing assignments.
3. Web based group activities require each person to assume some of the responsibilities. This engages everyone in the activities but does not burden any one person. This also facilitates team building which is an essential part of the nursing profession.
4. When a web based module involves participation in a discussion board, it will stipulate if it is for a small group or if it involves use of the main discussion board. The small group discussion board can be found within the small group home page. The main discussion board can be found by clicking on the button labeled "Communication" and then selecting "Discussion Board".
5. If you are having problems understanding an assignment or have questions about it, please e-mail me. If you are having computer problems with access to Blackboard, Vancouver students should contact Christine Ludwig at [Ludwig@vancouver.wsu.edu](mailto:Ludwig@vancouver.wsu.edu) or qt 546-9085, e-mail [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu). Students on other campuses can contact [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu) or call 509-324-7611.
6. Please keep track of due dates. These appear on the course Calendar on Blackboard. When you open Blackboard the due dates for the current week should appear. I will send e-mail reminders as well.
7. Modifications to the course will be made to facilitate your learning and to assure the web based classes work well.
8. Your feedback is very important to me. Please let me know how I can improve the course.

## GRADING

**The two-credit course grade will be based on satisfactory: 1) completion of 2 required assignments, 2) completion of the practicum, 3) completion of all web-based activities, 4) class participation, and 5) completion of optional assignments. If an assignment is unsatisfactory, it will be returned to you for revision with a due date for resubmission. Satisfactory completion of two required assignments, the practicum and class participation are necessary to pass the course with a grade of B. Optional assignments can be selected to earn a higher grade.**

**Lack of class participation, failure to complete web-based assignments and/or failure to complete the two required assignments and practicum will result in a grade reduction. Each student decides the number of optional assignments she or he wants to complete. Written required and optional assignments and web-based activities will be accessed through Blackboard and submitted through Blackboard.**

Required Assignments and Class Participation:

1. Bill Analysis
2. Redesign of the Health Care System
3. Practicum experience
4. Class Participation (as defined below)

### Optional Assignments

1. Medicare Drug Program Analysis
2. Analysis of Articles
3. Political Process Paper
4. Policy Analysis of "The Spirit Catches You and You Fall Down" (counts as **three** optional assignments if completed satisfactorily)
5. Policy Analysis of "Crazy" (counts as **three** optional assignments if completed satisfactorily)

**Successful completion of the practicum, web based modules and class participation in addition to the following assignments completed satisfactorily:**

- B Two required assignments
- B+ Two required and one optional assignment
- A- Two required and two optional assignments
- A Two required and three optional assignments

#### **ACADEMIC CALENDAR**

Use the following link to access the WSU Vancouver academic calendar. This includes dates for adding and dropping courses, withdrawing from a course, tuition due and refund information, etc. Please be advised there are fees for late registration.

<http://www.registrar.wsu.edu/Registrar/Apps/AcadCal.ASPX>

#### **COURSE SCHEDULE AND READINGS**

**In Person Class 1 9:10 pm – 12:00 pm and 1:10 pm – 4 pm**

##### **Readings:**

Gebbie, K.M., Wakefield, M., Kerfoot, K. 2000. Nursing and Health Policy. *Journal of Nursing Scholarship* 32(3): 307-315.

Pruitt, R. H. et al. 2002. How Do We Pass NP Autonomy Legislation? *The Nurse Practitioner* 27(3): 56-62.

View the video, The First Branch, about the legislative process. There is a link to this video on Blackboard under

Course Documents in the Class 1 Folder.

Topics

Course overview

Health policy overview

The Politics of Health Care

The Policy Process Part I

Stakeholders and agenda setting

Legislative Process

#### **WEB BASED CLASS 1** Go to Blackboard, Class Materials, Web Based Class 1

Topics

Medicare

##### **Readings**

Baier, F.A. 2006. The Medicare Prescription Drug Benefit, *American Journal of Nursing*. 106(6): 68-72.

Reinhard, S.C., Scala-Foley, M.A., Caruso, J.T., Archer, D. 2004. Medicare Savings Programs: Helping Those on Medicare Pay for Health Care. *American Journal of Nursing* 104 (6): 62-64.

##### **Web Based Resources**

<http://www.medicare.gov> Medicare

The following link brings you to a page where you can open the Medicare handbook, Medicare and You 2007. This handbook has answers to almost everything! The web site also has a link to information about 2007 premiums.

<http://www.medicare.gov/spotlights.asp#medicare2007>

#### **WEB BASED CLASS 2** Go to Blackboard, Class Materials, Web Based Class 2

##### **Topic**

Medicaid

##### **Web Based Resources**

<http://www.kff.org/medicaid/index.cfm> Medicaid and SCHIP: KFF

<http://www.kff.org/medicare/index.cfm> Medicare: KFF

#### **In Person Class 2 9:10 am-12 pm and 1:10 pm – 4 pm**

##### **Readings**

Anderson, G.F. et al. 2005. Health Spending in the United States and the Rest of the Industrialized World. *Health Affairs*. 24 (4): 903-914.

Cowan, C. et al. 2004. National Health Expenditures, 2002. *Health Care Financing Review* 25(4): 143-166.  
<http://www.cms.hhs.gov/review/04Summer/04Summerpg143.pdf>

Web Based Resources – Please Review These Sites.

<http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf>

National Health Expenditures

<http://www.kff.org/uninsured/index.cfm>

Health Care and the Uninsured Reports: Kaiser Family Foundation (KFF)

<http://www.kff.org/insurance/index.cfm> Health Insurance/Costs: KFF

[http://www.kaiseredu.org/topics\\_im.asp?imID=1&parentID=61&id=358](http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358)

U.S. Health Care Costs: KFF

## Topics

The Policy Process Part II

Regulatory Process

The Policy Process Part III

Policy Design

Implementation

Evaluation and Outcomes

Health Care Coverage and the Cost of Health Care

Cost Containment

Equity and Rationing

## Required Assignment 1 Due

### **WEB BASED CLASS 3** Go to Blackboard, Class Materials, Web Based Class 3

#### Topic

Oregon Health Plan

#### Readings

Bodenheimer, T. 1997. The Oregon Health Plan - Lessons for the Nation – First of Two Parts. *New England Journal of Medicine* 337(9): 651-656.

Bodenheimer, T. 1997. The Oregon Health Plan - Lessons for the Nation – Second of Two Parts. *New England Journal of Medicine* 337(10): 720-723.

Floyd, E.J. 2003. Healthcare Reform Through Rationing. *Journal of Healthcare Management* 48 (4): 233-241.

#### Web Based Resources

<http://www.oregon.gov/DHS/healthplan/index.shtml> Oregon Health Plan

<http://www.oregon.gov/DHS/healthplan/priorlist/main.shtml> Oregon Prioritized List of Health Services

### **WEB BASED CLASS 4** Go to Blackboard, Class Materials, Web Based Class 4

#### Topic

Prescription Drug Costs

#### Readings

Husskamp, H. 2006. Prices, Profits and Innovation: Examining Criticisms of Psychotropic Drugs' Values. *Health Affairs* 25(3): 635-646.

Morgan, S., Bassett, K., and Mintzes, B. 2004. International Report: Outcomes-Based Drug coverage in British Columbia. *Health Affairs* 23(3): 269 –276.

Stein, P. and Valery, E. 2004. Competition: An Antidote to the High Price of Prescription Drugs. *Health Affairs* 23(4): 151

#### Web Based Resources

<http://www.kff.org/rxdrugs/index.cfm> Prescription Drug Costs: KFF

### **WEB BASED CLASS 5** Go to Blackboard, Class Materials, Web Based Class 5

#### Topic

Professional Responsibilities and the Rule Making Process

#### Readings

Cantor, J. & Baum, K. (2004). The limits to conscientious objection – may pharmacists refuse to fill prescriptions for emergency contraception? *New England Journal of Medicine* 351 (19): 2008-2012.

Pharmacists and emergency contraception letters to the editor. (2005) *New England Journal of Medicine* 352 (9): 342-344.

Wall, L.L. & Brown, D. (2006). Refusals by pharmacists to dispense emergency contraception. *Obstetrics and Gynecology* 107(5): 1148-1151.

#### Web Based Resources

<http://www3.doh.wa.gov/policyreview/>

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=39608](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39608)

#### **WEB BASED CLASS 6** Go to Blackboard, Class Materials, Web Based Class 6

##### Topic

Culturally Competent Care

##### Readings

Campinha-Bacote, J. 1995. The Quest for Cultural Competence in Nursing Care. *Nursing Forum* 30 (4): 19-25.

Kleinman, A.K., Eisenberg, L. Good, B. 1978. Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross Cultural Research. *Annals of Internal Medicine*. 88: 251-258.

Putsch, R.W. and Joyce, M. 1985. Cross-cultural Communication. *JAMA* 254 (23): 3344-3348.

##### Web Based Resources

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15> National Standards for Culturally and Linguistically Appropriate Services

<http://www.hhs.gov/ocr/lep/guide.html> Office for Civil Rights. 2001.

#### **In-Person Class 3 9:10 am – 12 pm and 1:10 pm – 4:00 pm**

##### Readings and References for Class and Required Assignment 2

Altenstetter, C. 2003. Insights from Health Care in Germany. *American Journal of Public Health*. 93 (1): 38-43.

Brown, L.D. 2003. Comparing Health Systems in Four Countries: Lessons for the United States. *American Journal of Public Health*. 93 (1): 52-56.

Deber, R.B. 2003. Health Care Reform: Lessons from Canada. *American Journal of Public Health*. 93 (1): 20-24.

Frank, R.G. and Glied, S. 2006. Changes in Mental Health Financing Since 1971: Implications for Policy Makers and Patients. *Health Affairs* 25(3): 601-613.

Light, D.W. 2003. Universal Health Care: Lessons from the British Experience. *American Journal of Public Health*. 93 (1): 25-30.

Rodwin, V.G. 2003. The Health Care System Under French National Health Insurance: Lessons for Health Care Reform in the United States. *American Journal of Public Health*. 93 (1): 31-37.

Smith, P.C. and York, N. 2004. Quality Incentives: The Case of U.K. General Practitioners. *Health Affairs* 23(3): 112-118.

Stevens, S. 2004. Reform Strategies for the English NHS. *Health Affairs* 23(3): 37-44.

Vladeck, B. 2003. Universal Health Insurance in the United States: Reflections on the Past, Present, and the Future. *American Journal of Public Health*. 93 (1): 16-19.

##### Topics

Mental Health Policy

Comparing Health Care Systems

Health Care Redesign Proposals

**Guest Speaker: Sela Barker, MSW Clark County Regional Support Network**

**Required Assignment 2 Due: Health Care Redesign Presentations**

### REQUIRED ASSIGNMENT 1: Analysis of a Bill

Select one of the following two **2005** Washington State health care bills.

HB 1075 An act relating to the nursing care quality assurance commission

HB 1546 Regulating naturopathic physicians

Go to <http://apps.leg.wa.gov/billinfo/>. Select the 2005-2006 tab. Enter the number of the bill in the box at the top of the page.

Read the bill, review the bill history and the available documents such as the bill reports that provide information about the original bill, the text of a substitute bill if the original bill was amended, amendments, a bill report for the House and/or the Senate if it had a hearing chambers.

Audio files of the House Health Care and Wellness Committee and Senate Health and Long Term Care Committee hearings for each of these bills are available in the archives of TV Washington at [www.tvw.org](http://www.tvw.org). The bill history indicates the date the bill received a hearing in committee. Listen to the hearing.

You may wish to supplement the bill information by contacting a person who works for the committee to which the bill was referred, a lobbyist representing an organization for or against the bill, the aide of a legislator who sponsored the bill, or an organization supporting or opposing the bill.

Write a 3-page report analyzing the bill, and a one-page letter to your legislator or a legislator who is on a committee that considered the bill. This should be a paper and not a series of bullet points answering the questions below. Address the following points in your analysis.

- a. List the key sponsors of the bill and discuss the purpose of the bill. This should be a summary of the bill *in your own words*.
- b. After the bill was introduced in the House, to what committee was it referred?
- c. Who are some of the people who testified for and against the bill as supporters and opponents of it? Their names are listed on the House or Senate bill report and noted in the testimony you listen to on TVW.. ***Include a summary of the comments made by one of the people who testified.*** What is their rationale for their position in support or opposition to the bill?
- d. Who might be perceived as the beneficiaries of the bill? Explain why. Who might be perceived as being adversely affected? Explain why.
- e. Did the committee take action on the bill? Did the bill pass or fail in the House, the Senate or both? If the bill was amended, what changed from the original bill to the substitute or final version? If it passed both the House and the Senate, did the Governor sign the bill?
- f. What is YOUR position on the bill and why?
- g. **Write a letter to a legislator about your position on the bill.** This letter should be written as a formal business letter single spaced. If you agree with the legislator's position, thank the legislator and state why. If you disagree with his or her position, explain why. **Do not send this letter.**

**Submit this assignment through Blackboard.**

**Grade: This assignment must be completed satisfactorily.**

**Due Date:**

### REQUIRED ASSIGNMENT 2: Health Care System Redesign

Purpose: Apply knowledge of the U.S. health care system and health policy to the development of a reformed system of care.

This is a group assignment to be presented during the third in-person class. Each presentation will be no more than 25 minutes in length. Submit a copy of Power Point slides or an outline of the presentation addressing each of the activities below and a list of references or personal communications such as interviews or telephone conversations.

After the group meets for the first time one person will need to send me via e-mail a list of who is responsible for what section(s) of the project. This should happen no later than \_\_\_\_\_. Between \_\_\_\_\_ and \_\_\_\_\_ a second e-mail message should be sent summarizing the progress of the group. These messages provide you with deadlines to assure there is no last minute problems and verifies that everyone is participating

#### Activities

Imagine that you are empowered to design your ideal version of what, how, where and by who health care should be delivered in the United States. At a minimum your redesign must respond to the questions below but other factors may also be addressed. Your proposal needs to be **financially sustainable** and based on a rationale that provides for internal cohesion and consistency. **This is NOT to be a summary of another country's system although your design may be based on another country's.**

1. What is the philosophy of health that frames your decisions? Will the system be public, private or a blend of the two?

- a. Determine if you want a system that is modeled on another country's such as Canada, Britain or Taiwan, if you want to continue the current system, or if you want a system that is entirely based on private insurance and/or self-pay. **Explain the rationale for your choice.**
2. What types of health care services should be provided?
  - a. Define primary care and decide if it will be covered. Will routine, preventive care and acute/chronic illness care be included and if so what type of coverage will there be? Is dental care included and if so, what type of coverage will there be?
  - b. Define specialty care and decide if it will be covered. If it is not covered, how will specialty care be accessed?
  - c. Will long-term care be included and if so for how long and under what circumstances? Will long-term care be considered skilled, unskilled or both? If long-term care is NOT covered under your system, what will happen to people who need long-term care but cannot afford it?
  - d. Will public health services be included and if so, what types of services will be provided?
  - e. Will mental health and substance abuse services be provided? If they will be, what will be the **amount and duration of services** and how does this **compare** to what you offer for primary and specialist care? If they are not included in your system, provide a rationale for the exclusion.
  - f. If prescription drugs are covered, what type of benefit will be offered? Will all drugs be covered or only select drugs? What will be the cost to the individual and how will drug costs be controlled?
3. What providers will be included in the system? Why are others excluded?
4. Where will care be delivered, e.g. private offices, community clinics or school and why?
5. How will your system promote administrative simplicity so that information and financial transactions are simple, efficient and standardized? How will confidentiality be addressed?
6. How will this system measure and improve quality of care? Give a specific example of a model of health care quality assessment you will use for your system.
7. How does this system fund, finance and reimburse health care and how sustainable is this financial model? Do the math! If you use taxes that are currently in use, such as alcohol and tobacco taxes, will you be increasing them or will you stop funding something else in the budget? If you use private insurance, will it be linked to employment?
8. Finish the presentation by persuading the class that YOUR model is the BEST based on the following criteria:
  - a. Reduces fragmentation
  - b. Improves efficiency
  - c. Contributes to a cost effective healthcare system
  - d. Improves the health status of individuals
  - e. Reduces health disparities
  - f. Improves access to health care services
  - g. Stabilizes or increases provider revenue
  - h. Decreases administrative burden

**Grading: This assignment must be completed satisfactorily.**

**Due date: In-person Class 3.**



## OPTIONAL ASSIGNMENT 1

### MEDICARE PRESCRIPTION DRUG COVERAGE ANALYSIS

Medicare Part D for prescription drug coverage began January 1, 2006. It is complicated to determine what program to enroll in. It is also unclear how much, if at all, someone will benefit financially from the program. Thirty-nine (39) states have established or authorized drug assistance programs that primarily aid low-income seniors or people with disabilities who do not qualify for Medicaid assistance.

1. Review the Medicare web site information: "Prescription Drug Coverage".

<http://www.medicare.gov/pdphome.asp>

Also review the policy brief at: [http://www.kaiseredu.org/topics\\_im.asp?id=131&imID=1&parentID=66](http://www.kaiseredu.org/topics_im.asp?id=131&imID=1&parentID=66)

2. Read this article.

Baier, F.A. 2006. The Medicare Prescription Drug Benefit, *American Journal of Nursing*. 106(6): 68-72.

Respond to the following questions.

- a. Who qualifies to apply for the Medicare prescription drug benefit?
- b. If a person did not enroll last year or when initially enrolling in Medicare, when is the next time to enroll in Medicare Part D? If a person did not enroll last year, is there a penalty? If you enroll this year, when do benefits begin?
- c. Should a person with Medigap, employer or union prescription drug coverage enroll in Part D?
- d. Would you recommend enrolling in Part D if you take no medications?
- e. If a person has both Medicaid and Medicare coverage, known as dual eligible, how is the drug coverage different from a person who is not dual eligible?
- f. If a person/couple has a low income, less than \$11,500 (single) or \$23,000 (married), with low assets, is there a program to assist with Part D costs?
- g. What is the "donut hole"?

2. Review the senior citizen drug assistance program in New York.

<http://www.health.state.ny.us/nysdoh/epic/faq.htm>

3. Compare the Medicare Part D drug program to the New York Drug Assistance program using the information in the following scenario.

Morris Notanybetter is a 79 year old man with an income of \$13,300. He often skips taking his medications to make them last longer. Morris has been receiving flyers in the mail to enroll in Medicare Part D. He needs help figuring out if he should enroll or if there is possibly something better to do to cover the cost of his medication.

Morris usually buys a monthly supply of the following medications: 1) Glucophage 500 mg BID \$47; 2) Lipitor 20 mg qhs \$103; 3) Nexium 40 mg qd \$137; 4) Lisinopril 20 mg qd \$11; 5) Levothyroxine 0.175 mcg qd \$12 (prices from Epocrates 7/06).

**Continues on next page.**

Respond to the following questions.

- a. How much does Morris spend on medications without insurance?
- b. Use the following link to find information about Morris' options for Medicare.  
<https://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Questions.asp>

Select option B general search. On the next page enter 12010 as the zip code, that you will be getting Medicare coverage soon and that you do not qualify for extra help. Then enter Montgomery as the county. On the next page go to the bottom and click on Choose a Drug Plan Type. On the next page go to the bottom and click on Search for Medicare Drug Plans. On the next page select enter my medications and follow the directions from there.

How many drug plans does Morris have to select from if he enrolls in Part D? What is the lowest amount per year that Morris will pay for his medications if he enrolls in Medicare Part D? What is the highest amount? How does this compare to what he pays without drug coverage?

- c. How much will Morris pay if he enrolls in the New York State program? How does this compare to what he pays without drug coverage?
  - d. Which plan do you recommend to Morris?
6. Is the Medicare Part D program a valuable program? Why or why not?

**Submit this assignment through Blackboard.**

**Grade:** This assignment must be completed satisfactorily

**Due Date:**

## OPTIONAL ASSIGNMENT 2: ANALYSIS OF ARTICLES

Read the following two articles. For each article prepare a 3-4 page analysis that includes the following information.

- A 1 page summary of the article.
- Key policy points relevant to nurses and advanced practiced nurses.
- A description of any comments made that seem to discount or devalue nurses or advanced practice nurses and why. If there are none state so.
- What solutions are proposed to resolve the policy issues discussed
- Your personal perspective on the article, its content and whether you agree with the conclusion(s) of the author(s).
- Anything else you think is important to include.

Safriet, B.J. 2002. Closing the Gap Between Can and May in Health-Care Providers' Scope of Practice: A Primer for Policymakers. *The Yale Journal on Regulation*. 19(2): 301-334.

Christensen, C., Bohmer, R., and Kenagy, J. 2000. Will Disruptive Innovations Cure Health Care? *Harvard Business Review*. Sept.-Oct: 102-112.

**Submit this assignment through Blackboard.**

**Grading: This assignment must be completed satisfactorily.**

**Due Date:**

### **OPTIONAL ASSIGNMENT 3: Political Process Paper**

Attend a meeting of a local, state or federal governmental body such as the City Council, County Council, Board of Health or School Board. Please check with the course instructor if you have questions. Write a 3-5 page report of the meeting using the following outline. The report should **NOT** be a summary of everything that happened at the meeting. It should be written as a paper and not a set of answers to questions.

1. Meeting Description
  - a. Describe the board's/committee's purpose. Who are the members of the committee? How many citizens attended the meeting? Who provides leadership to the committee? Is this person elected or appointed by the members of the committee or by citizens?
2. Issues:
  - a. Describe a major issue being considered?
  - b. Why was this an issue NOW - how did it get on the agenda?
  - c. Who are the stakeholders, i.e., people with an interest in this issue, and WHY are they stakeholders?
  - d. What was the response of the committee? Was there discussion only or was any action taken?
  - e. Was there a difference of opinion between the committee's members and the public or within the committee and within the public? If a difference of opinion existed, explain the different views expressed.
  - f. What was your primary learning or benefit from attending this meeting? What would you have done differently than the board did?

**Submit this assignment through Blackboard.**

**Grading: This assignment must be completed satisfactorily.**

**Due Date:**

## OPTIONAL ASSIGNMENT 4

### **ANALYSIS OF THE SPIRIT CATCHES YOU AND YOU FALL DOWN**

**This assignment will count as 3 optional assignments.**

This optional assignment requires that a policy perspective be used to analyze the book. In a 6-8 page paper, please respond to the following questions.

1. Lack of trained interpreters created many problems for Lia Lee and her family. Discuss the problems that developed from the lack of interpreters in relationship to the National Standards for Culturally and Linguistically Appropriate Services (NSCLAS) studied in web based class 6. When were these guidelines adopted? When were some of the laws implemented? Would they have prevented some of the problems that developed among Lia's family and the health care providers? What type of systems changes would you have prevented some of the clash of cultures that occurred? It is not recommended by the NSCLAS to use family members for interpreters yet Foua and Nao Koa's children often served in this role. What do you think about this?
2. The author discusses an oncologist who reported a child's family to Child Protective Services (CPS)(page 52) as well as the report Neil Philips made about Lia's family to CPS. Do you think the physicians appropriately used the law? How does the use of this policy in this book reflect on the biomedical definition of "compliance"? Is compliance an appropriate term for a health care professional to use especially when there is a cultural chasm between the provider and the patient/family?
3. Using the ethical concepts of autonomy, nonmaleficence, beneficence and justice, analyze the actions of the health professionals towards Lia's family. Are there health policies in place that you think assure ethical treatment of Lia's family? Are there other policies you think should be enacted to assure ethical treatment occurs?
4. When the Lee family immigrated to the US they enrolled in the Refugee Cash Assistance (RCA) program (page 191). The Lee family stayed on public assistance for many years. Do you think the RCA is a good policy? Review the information at: <http://www.acf.hhs.gov/programs/orr/programs/rcma.htm> and at: <http://www1.dshs.wa.gov/esa/eazmanual/Sections/Ref-C-Cash.htm>. Do you think the policy changes were appropriate and/or necessary? Do you think immigrants should be limited to a specific number of years on the RCA or be allowed to receive assistance if they are unable to adapt to life in the US? Explain how the concepts of assimilation, Americanization and biculturalism might apply to the Lee family. What do you think of the Ford company's program in the early 1900s (page 182)?

### **ANALYSIS OF THE SPIRIT CATCHES YOU AND YOU FALL DOWN (continued)**

5. Review the medical examination policy of the U.S. Citizenship and Immigration Services: [http://uscis.gov/graphics/Medical\\_Exam.htm#needed](http://uscis.gov/graphics/Medical_Exam.htm#needed). Do you think this is adequate; why or why not? How do you think the policy is actually implemented? Do you have any experience with people who have immigrated to the U.S. having significant health problems? How easy do you think it is for an immigrant to comply with this policy?
6. Propose a policy directed at health professional education to increase cross-cultural understanding.
7. What health policies would you propose to prevent the clash of cultures represented in this book? What would the policies be and how would you implement them? Do you think they would be generally accepted or even welcomed?

**Submit this assignment through Blackboard.**

**Grading: This assignment must be completed satisfactorily.**

**Due Date:**

**OPTIONAL ASSIGNMENT 5**  
**ANALYSIS OF “CRAZY”**  
**This assignment will count as 3 optional assignments.**

This optional assignment requires that a policy perspective be used to analyze the book. In a 6-8 page paper, please respond to the following questions.

1. The author takes his son to a hospital Emergency Department (ED) and Mike refuses treatment. The ED doctor says Mike has the right to refuse. Review the mental health laws in Washington that can be accessed at this web site. What would have happened to Mike if this incident had occurred in Washington State or Oregon (select the state in which you reside)?

Washington

<http://www1.dshs.wa.gov/mentalhealth/regulations.shtml>

Oregon

[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_309/309\\_032.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html)

**For Oregon you will need to scroll down quite a ways to find this section that is most relevant to the question:  
Standards for Adult Mental Health Services 309-032-0525**

Do you think Mike should have had the right to refuse treatment? Do you think his father should have lied about whether Mike was a threat to self or others?

2. Describe the Criminal Mental Health Project. Does a program like this exist in your area? If so, describe it. If not, do a search for the mental health court in Vancouver WA and compare it to the Criminal Mental Health Project.

3. Deinstitutionalization led to transinstitutionalization. Summarize in 2-3 paragraphs the findings of Renee Turolla's investigation of the relationship between the jails and the state's mental health hospitals. What do you think about the standard to make a patient "competent" to stand trial but not actually be treated?

4. Did the Crisis Intervention Team in Miami make a difference? Is this something you think should be used in other communities? Why or why not?

5. Dr. Poitier is followed by the author throughout the book. Give an example of how Dr. Poitier made a positive difference and what he did that you think may have contributed to perpetuating the provision of inadequate mental health care to jail inmates.

6. In chapter 15 Ann Collyer is studied. Dr. Renoso states: "There was a time when a patient like this would have spent her entire life locked in a state mental hospital, because she is such a sick woman. I worked in a state hospital and I know how horrible the conditions in them were. But is her life any better today? Have we really helped her? At least there she would have had access to some programs or some art therapy. Now she is in a cell all day." Summarize in 1-2 paragraphs how Ann's life was affected by deinstitutionalization. Do the same for Deidra Sanbourne who is described in chapter 18. Do you think these women were better off as a result deinstitutionalization or as the author states "better hidden" and "more invisible"? Is there a role for state mental health hospitals? Would the problems Collyer and Sanbourne experienced have been solved if they were more Assisted Living Facilities and if they were held to higher standards?

7. What do you think of Judy Robinson's approach to her support group? Was there any advice you think was not helpful? Do some research on NAMI. Is there a local chapter where you live and if there is none where is the closest chapter? What are some of the services NAMI provides? How does it work on mental health policy?

8. In Washington State minors can give consent for mental health treatment.

<http://apps.leg.wa.gov/rcw/default.aspx?cite=71.34>

Refer to the section on minor-initiated treatment 71.34.500

Do you agree with this? Why or why not? If not, propose a change in the policy.

**Submit this assignment through Blackboard.**

**Grading: This assignment must be completed satisfactorily.**

**Due Date:**

## HEALTH POLICY PRACTICUM

The health policy practicum requires 45 practice hours participating in health policy related activities. The practicum includes meeting with a practicum preceptor, developing a plan for your practicum, participating in the designated activities and writing a final report submitted to your preceptor and course instructor. This practicum should be in an area of health policy that interests you. Approval of the practicum preceptor and plan by the instructor is required.

You may work with a group or agency such as a professional nursing organization; city, county or state agency; health care system/organization; your workplace if there is no conflict of interest with your employment; or a consumer health advocacy group. You may participate in this practicum at a distance from your preceptor if the activities allow you to do so. For example, if your practicum involves research into an area requiring legislative change and background documentation is needed, your preceptor may be a staff person for the Washington State Nurses Association in Seattle while you may be located in Spokane. Examples of groups you may wish to consider working with include the following.

Washington State Nurses Association  
Oregon Nurses Association  
Washington Center for Nursing  
Oregon Center for Nursing  
ARNP United of Washington State  
Nurse Practitioners of Oregon  
Association of Advanced Practice Psychiatric Nurses (WA)  
Archimedes Group (Oregon)  
Rainier Group (Washington)  
Board of Health –local or state level  
Washington State Department of Health – any division  
Nursing Care Quality Assurance Commission  
Washington Citizen Action  
Association for the Advancement of Retired Persons  
American Lung Association  
A health care organization such as Providence, Kaiser, Legacy, or Sacred Heart  
Any local, state or federal elected official, especially Washington's 8 nurse legislators  
Your county's mental health Regional Support Network or local mental health agency

You will need to complete Appendix A at the beginning of the practicum. You will need to complete the practicum and submit a final report no later than December 7, 2007. The report can either be a document you produce for the practicum or a summary report submitted on Appendix B.

**Grading: This assignment must be completed satisfactorily.**

**Completion date: No later than one week before the end of the semester**

## OPTIONAL ASSIGNMENT 5 ANALYSIS OF "CRAZY"

**This assignment will count as 3 optional assignments.**

This optional assignment requires that a policy perspective be used to analyze the book. In a 6-8 page paper, please respond to the following questions.

1. The author takes his son to a hospital Emergency Department (ED) and Mike refuses treatment. The ED doctor says Mike has the right to refuse. Review the mental health laws in Washington that can be accessed at this web site. What would have happened to Mike if this incident had occurred in Washington State or Oregon (select the state in which you reside)?

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<http://www1.dshs.wa.gov/mentalhealth/regulations.shtml>

Oregon

[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_309/309\\_032.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html)

**For Oregon you will need to scroll down quite a ways to find this section that is most relevant to the question:  
Standards for Adult Mental Health Services 309-032-0525**

Do you think Mike should have had the right to refuse treatment? Do you think his father should have lied about whether Mike was a threat to self or others?

2. Describe the Criminal Mental Health Project. Does a program like this exist in your area? If so, describe it. If not, do a search for the mental health court in Vancouver WA and compare it to the Criminal Mental Health Project.
3. Deinstitutionalization led to transinstitutionalization. Summarize in 2-3 paragraphs the findings of Renee Turolla's investigation of the relationship between the jails and the state's mental health hospitals. What do you think about the standard to make a patient "competent" to stand trial but not actually be treated?
4. Did the Crisis Intervention Team in Miami make a difference? Is this something you think should be used in other communities? Why or why not?
5. Dr. Poitier is followed by the author throughout the book. Give an example of how Dr. Poitier made a positive difference and what he did that you think may have contributed to perpetuating the provision of inadequate mental health care to jail inmates.
6. In chapter 15 Ann Collyer is studied. Dr. Renoso states: "There was a time when a patient like this would have spent her entire life locked in a state mental hospital, because she is such a sick woman. I worked in a state hospital and I know how horrible the conditions in them were. But is her life any better today? Have we really helped her? At least there she would have had access to some programs or some art therapy. Now she is in a cell all day." Summarize in 1-2 paragraphs how Ann's life was affected by deinstitutionalization. Do the same for Deidra Sanbourne who is described in chapter 18. Do you think these women were better off as a result deinstitutionalization or as the author states "better hidden" and "more invisible"? Is there a role for state mental health hospitals? Would the problems Collyer and Sanbourne experienced have been solved if they were more Assisted Living Facilities and if they were held to higher standards?
7. What do you think of Judy Robinson's approach to her support group? Was there any advice you think was not helpful? Do some research on NAMI. Is there a local chapter where you live and if there is none where is the closest chapter? What are some of the services NAMI provides? How does it work on mental health policy?
9. In Washington State minors can give consent for mental health treatment.  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=71.34>  
Refer to the section on minor-initiated treatment 71.34.500  
Do you agree with this? Why or why not? If not, propose a change in the policy.

**Submit this assignment through Blackboard.**

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**Due Date:**



## HEALTH POLICY PRACTICUM

The health policy practicum requires 45 practice hours participating in health policy related activities. The practicum includes meeting with a practicum preceptor, developing a plan for your practicum, participating in the designated activities and writing a final report submitted to your preceptor and course instructor. This practicum should be in an area of health policy that interests you. Approval of the practicum preceptor and plan by the instructor is required.

You may work with a group or agency such as a professional nursing organization; city, county or state agency; health care system/organization; your workplace if there is no conflict of interest with your employment; or a consumer health advocacy group. You may participate in this practicum at a distance from your preceptor if the activities allow you to do so. For example, if your practicum involves research into an area requiring legislative change and background documentation is needed, your preceptor may be a staff person for the Washington State Nurses Association in Seattle while you may be located in Spokane. Examples of groups you may wish to consider working with include the following.

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Oregon Nurses Association  
Washington Center for Nursing  
Oregon Center for Nursing  
ARNP United of Washington State  
Nurse Practitioners of Oregon  
Association of Advanced Practice Psychiatric Nurses (WA)  
Archimedes Group (Oregon)  
Rainier Group (Washington)  
Board of Health –local or state level  
Washington State Department of Health – any division  
Nursing Care Quality Assurance Commission  
Washington Citizen Action  
Association for the Advancement of Retired Persons  
American Lung Association  
A health care organization such as Providence, Kaiser, Legacy, or Sacred Heart  
Any local, state or federal elected official, especially Washington's 8 nurse legislators  
Your county's mental health Regional Support Network or local mental health agency

You will need to complete Appendix A at the beginning of the practicum. You will need to complete the practicum and submit a final report no later than December 7, 2007. The report can either be a document you produce for the practicum or a summary report submitted on Appendix B.

**Grading: This assignment must be completed satisfactorily.**

**Completion date: No later than one week before the end of the semester**

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N511

**COURSE TITLE:** Rural and Cultural Competencies for Population Health

**CREDIT HOURS:** 2 credits

**PREREQUISITES:** Admission to the DNP program or permission of instructor.

**FACULTY:** Dawn Doutrich

Email Address: [doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu)

Telephone Number: 360-546-9464

Carol Allen

Email Address: [carola@wsu.edu](mailto:carola@wsu.edu)

Telephone Number: 509-324-7262

**CATALOG DESCRIPTION** – Develop rural, cultural, and research competencies necessary for reducing health disparities and increasing access to care for populations locally and globally.

**COURSE DESCRIPTION:** The course focuses on development of rural and cultural competencies. Concepts such as health ecology, social justice, participatory action research, health policy, economics, and ethics are analyzed. Rural and cultural competencies and research skills are used to collaboratively develop, implement, and evaluate population based interventions that reduce health disparities and increase access to care for rural and other culturally distinct populations.

**OBJECTIVES**

1. Analyze and evaluate rural and global health issues impacting the DNP role in the context of world events, politics, economics, culture, and the environment.
2. Analyze characteristics of target populations or practice settings using cultural competency models to address health disparities.
3. Evaluate population health issues and outcomes from a variety of theoretical perspectives including biological, cultural, ethical, political, economic, environmental, epidemiological, and multidisciplinary using participatory action and/or other research models.
4. Evaluate the effects of health care theories, practices, research, and policies on rural and global health issues.

**REQUIRED TEXTBOOKS:**

1. Minkler, M. & Wallerstein, N. [Eds.]. (2003). *Community-based participatory research for health*. San Francisco: Jossey-Bass.
2. Beebe, J. (2001). *Rapid assessment process: An introduction*. Lanham, MD: AltaMiraPress.
3. American Nurses Association. (2006). *Essential nursing competencies and curricula guidelines for genetics and genomics*. (Download a copy of *Essential Nursing Competencies and Curricula Guidelines for Genetics and Genomics* at <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CEHR/Genetics/1/CompetenciesandCurriculaforGeneticsandGenomics.aspx> or a hard copy may be obtained by request from NHGRI, NIH Bldg. 31 Rm. 4B09, Bethesda, MD 20892-2152.)
4. Committee on the future of rural health care (2005). *Quality through collaboration: The future of rural health care: Executive Summary*. D.C., Institute of Medicine, National Academies Press. (available in eres).

**RECOMMENDED READINGS/TEXTBOOK (selected readings will be in eres):**

**Anderson, J; Perry, J, Blue, C., Browne, A., Henderson, A, Koushambbi, B., Kirkbam, S., Lynam, J., Semeniuk, P & Smye, V. (2003) Rewriting cultural safety**

- within the postcolonial and postnational feminist project: Toward new epistemologies of healing. *Advances in Nursing Science* 26(3), 196-214.
- Bekemeier, B. & Butterfield, P. (2005). Unreconciled inconsistencies: A critical review of the concept of social justice in 3 national nursing documents. *Advances in Nursing Science*, 28(2), 152-162.
- Beebe J. Rapid assessment process (RAP) and participatory action research (PAR): complementary approaches with similar methodologies but different implications for leadership. Unpublished paper supplied by author August 28, 2008.
- Boutain, D. (2005). Social justice as a framework for professional nursing. *Journal of Nursing Education* 44(9), 404 -408.
- Bushy, A. (2002). International perspective on rural nursing: Australia, Canada, USA. *Australian Journal of Rural Health* 10, 104-111.
- Chinn, P. (2006). From the editor: Global Health. *Advances in Nursing Science* 29(1), 1.
- Conley, Y. & Tinkle, M. (2007). The future of genomic nursing research. *Journal of Nursing Scholarship* 39(1), 17-24.
- Cummings GG, Hayduk L, Estabrooks CA. (2006). Mitigating the effects of hospital restructuring on nurses: The responsibility of emotionally intelligent leadership. *Nursing Research* 54(1): 1-12.
- Curtis, V. (2003). Talking dirty: How to save a million lives. *International Journal of Environmental Health Research* 13, S73-S79.
- Delbel, J.C. (2003). De-escalating workplace aggression. *Nursing Management*. 34(9), 30.
- Edwards, P.A. & Davis, C.R. (2006). Internationally educated nurses' perceptions of their clinical competence. *The Journal of Continuing Education in Nursing*, 37 (6), 225-269.
- Advances in Nursing Science. Global Health*. 29(1), 2-14.
- Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. *Advances in Nursing Science* 28(3), 212-223.
- Falk-Rafael, A.(2006) Globalization and global health: Toward nursing praxis in the global community. Giddings, L. (2005). A theoretical model of social consciousness. *Advances in Nursing Science*. 28(3), 224-239.
- Grennan, T. (2003). A wolf in sheep's clothing? A closer look at medical tourism. *Medical Ethics* 1(1), 50-55.
- Hunter, B., White, G., & Godbey, G. (2006). What does it mean to be globally competent. *Journal of Studies in International Education*. 10, 267-285.
- International Council of Nurses (2004). *Tackling the UN Millennium Development goals*
- Jacobs, P.N. & Koehn, M.L. (2004). Curriculum evaluation: What, when, why, how. *Nursing Education Perspectives*, 25(1), 30-35.

- Kenny, A. & Duckett, S. (2003). Educating for rural nursing practice. *Journal of Advanced Nursing*, 44(6), 613-622.
- Khomeiran, R.T., Yekta, Z.P, Kiger, A.M. & Ahmadi, F. (2006). Professional competence: Factors described by nurses as influencing their development.
- Kingma, M. (2006) *Nurses on the move; Migration and the global health care economy*. Ithaca, NY: Cornell University Press.
- International Council of Nurses *International Nursing Review*, 53, 66-72.
- Klein, N. (2007). *The shock doctrine: The rise of disaster capitalism*. New York : Henry Holt Books.
- Long, K., Scharff, J. & Weinert, C. (1997). Advanced education for the role of rural nurse generalist. *Journal of Nursing Education*, 36, 91-94.
- Melby, C.S., Dodgson, J.E., & Tarrant, M. (2008). The experiences of Western expatriate nursing educators teaching in Eastern Asia. *Journal of Nursing Scholarship*, 2, 176-183.
- Merten, D. (2007). Transformative paradigm: Mixed methods research and social justice. *Journal of Mixed Methods Research* 1(3), 212-225.
- Mill, J. & Ogilvie, L. (2003). Establishing methodological rigor in qualitative international research: a case study from Ghana. *Journal of Advanced Nursing*, 41(1) 80-87.
- Ouzts, K., Brown, J., & Swearington, C. (2006). Developing public health competence among RN-to-BSN students in a rural community. *Public Health Nursing* 23 (2), 178-182.
- Plager, K, Conger, M; & Craig, C. (2003). Education for differentiated role development for NP and CNS practice: One nursing program's approach. *Journal of Nursing Education* 42 (9) , 406-415.
- Salas, A. (2005). Toward a North-South dialogue: Revisiting nursing theory (from the south). *Advances in Nursing Science* 28(1) 17-24.
- Sheer, B. Advanced practice nurses: networking in the international arena. *Topics in Advanced Practice Nursing eJournal*. 7(1).
- Stoddard, A. (2006). *Humanitarian alert: NGO information and its impact on US foreign policy*. New York, NY: New York University.
- Sussman, S., Valente, T., Rohrbach, L., Skara, S., & Pentz, M. (2006). Translation in the health professions: Converting science into action. *Evaluation and the Health Professions* 29 (7), 7-32.
- Thomas, J. & Herrin, D. (2008). The Robert Wood Johnson executive nurse fellows program: A model for learning in an executive master of science in nursing program. *Journal of Nursing Administration*, 38(3), 112-115.
- Walsh, L.V. & DeJoseph, J. (2003). I saw it in a different light: International learning experiences in baccalaureate nursing education. *Journal of Nursing Education*. 42,(6), 266-272.
- Weiner, E., Irwin, M. Trangenstein, P., Gordon, J. (2005). Emergency preparedness curriculum in nursing schools in the United States. *Nursing Education Perspectives*, 26(6) 334-339.
- Weiner, E. Preparing nurses internationally for emergency planning and response. (2006) *OJIN: the Online Journal of Issues in Nursing*, 11(3) Retrieved July 31, 2008 from [www.nursingworld.org/ojin/topic31/tpc31\\_3.htm](http://www.nursingworld.org/ojin/topic31/tpc31_3.htm)

#### **Useful Resources:**

- Brannigan, M.C. & Boss, J.A. (2001). *Healthcare ethics in a diverse society*. Mountain View, CA: Mayfield Publication.
- Foege., W.H. Daulaire, N, Black, R. & Pearson, C.E. (2005). *Global health leadership and management*. San Francisco: Jossey-Bass

Glasgow, N., Morton, L., & Johnson, N. Eds. (2004). *Critical issues in rural health*, Victoria, AU: Blackwell.

Landesman, L. Y. (2005). *Public health management of disasters: The practice guide*. (2<sup>nd</sup> ed), Washington, D.C.: American Public Health Association

Levine, R. (2007). *Case Studies in Global Health: Millions saved*. Center for Global Development. Sudbury, MA: Jones & Bartlett.

Powers, M. & Faden, R. (2007). *Social justice: The moral foundation of public health and health policy*. Cambridge; Oxford University Press.

Skolnik, R. (2008). *Essentials of Global Health*. (Part of the Essentials in PH series), Sudbury MA: Jones & Bartlett.

## ELECTRONIC RESERVES

Culturally competent HC

<http://www.thecommunityguide.org/index.html>

International [Council](#) of [Nurses](#)

[Global Health Education Consortium](#)

Global Health [Council](#)

## SCHEDULE

<i>Weeks</i>	<b>Topic</b>	<i>Required Preparation</i>
<b>1-2</b>	<b>Course Orientation</b> <b>Conceptual:</b> <ul style="list-style-type: none"> <li>Foundations of CBPF theory and practice</li> <li>RAP discussion. Depending on availability, Dr. James Beebe—guest lecturer.</li> <li>Basis of social justice in professional nursing/population health</li> </ul>	<b>Minkler &amp; Wallerstein:</b> Ch. 1-4  <b>Beebe</b> Introduction Ch. 1-3 <b>ERES</b> Beebe J. Rapid assessment process (RAP) and participatory action research (PAR): complementary approaches with similar methodologies but different implications for leadership. Unpublished paper supplied by author August 28, 2008. Bekemeier, B. & Butterfield, P. (2005). Unreconciled inconsistencies: A critical review of the concept of social justice in 3 national nursing documents. <i>Advances in Nursing Science</i> , 28(2), 152-162. Boutain, D. (2005). Social justice as a framework for professional nursing. <i>Journal of Nursing Education</i> 44(9), 404 -408. Merten, D. (2007). Transformative paradigm: Mixed methods research and social justice. <i>Journal of Mixed Methods Research</i> 1(3), 212-225.
<b>3-4</b>	<b>Conceptual:</b> <ul style="list-style-type: none"> <li>Diverse approaches in population health</li> <li>Translational research and populations</li> <li>Infrastructure and planning—rural, local and global issues.</li> </ul> <b>Application:</b> <ul style="list-style-type: none"> <li>Submit proposal introduction for work in N512 or other population practice, population assessment plan, statement of</li> </ul>	<b>Minkler &amp; Wallerstein:</b> Ch. 5-7  <b>Beebe:</b> Ch. 3-5  <b>ERES:</b> <b>Anderson, J; Perry, J, Blue, C., Browne, A., Henderson, A, Koushambbi, B., Kirkbam, S.,</b>

	<p>the problem and significance to digital dropbox (not graded this two weeks, will get immediate feedback to revise for next module)</p>	<p><b>Lynam, J., Semeniuk, P &amp; Smye, V. (2003) Rewriting cultural safety within the postcolonial and postnational feminist project: Toward new epistemologies of healing. <i>Advances in Nursing Science</i> 26(3), 196-214.</b></p> <p><b>Bushy, A. (2002). International perspective on rural nursing: Australia, Canada, USA. <i>Australian Journal of Rural Health</i> 10, 104-111.</b></p> <p>Kenny, A. &amp; Duckett, S. (2003). Educating for rural nursing practice. <i>Journal of Advanced Nursing</i>. 44(6), 613-622.</p> <p>Weiner, E. Irwin, M. Trangenstein, P., Gordon, J. (2005). Emergency preparedness curriculum in nursing schools in the United States. <i>Nursing Education Perspectives</i>, 26(6) 334-339.</p> <p>Weiner, E. Preparing nurses internationally for emergency planning and response. (2006) <i>OJIN: the Online Journal of Issues in Nursing</i>, 11(3) <a href="http://www.nursingworld.org/ojin/topic31/tpc31_3.htm">www.nursingworld.org/ojin/topic31/tpc31_3.htm</a></p>
5-6	<p><b>Conceptual:</b></p> <ul style="list-style-type: none"> <li>Developing evaluation plans, ethics and reporting in population health</li> <li>Competencies and leadership in nursing local/global</li> </ul> <p><b>Application:</b></p> <ul style="list-style-type: none"> <li>Submit revised introduction as well as background (literature review) via digital dropbox (worth 40% of proposal grade)</li> </ul>	<p><b>Minkler &amp; Wallerstein: Ch. 10-13</b></p> <p><b>Beebe:</b> Ch. 6-8</p> <p><b>ERES:</b></p> <p><b>Cummings G.G., Hayduk L, Estabrooks CA. (2006). Mitigating the effects of hospital restructuring on nurses: The responsibility of emotionally intelligent leadership. <i>Nursing Research</i> 54(1): 1-12.</b></p> <p><b>Edwards, P.A. &amp; Davis, C.R. (2006). Internationally educated nurses' perceptions of their clinical competence. <i>The journal of continuing education in Nursing</i>, 37 (6), 225-269.</b></p> <p><b>Hunter, B., White, G., &amp; Godbey, G. (2006). What does it mean to be globally competent. <i>Journal of Studies in International Education</i>.</b></p>

		<p><b>10, 267-285.</b>  Khomeiran, R.T., Yekta, Z.P, Kiger, A.M. &amp; Ahmadi, F. (2006). Professional competence: factors described by nurses as influencing their development. <i>International Council of Nurses International Nursing Review</i>, 53, 66-72.</p> <p>Melby, C.S., Dodgson, J.E., &amp; Tarrant, M. (2008). The experiences of Western expatriate nursing educators teaching in Eastern Asia. <i>Journal of Nursing Scholarship</i>, 2, 176-183.</p> <p>Sussman, S., Valente, T., Rohrbach, L., Skara, S., &amp; Pentz, M. (2006). Translation in the health professions: Converting science into action. <i>Evaluation and the Health Professions</i> 29 (7), 7-32.</p> <p>Thomas, J. &amp; Herrin, D. (2008). The Robert Wood Johnson executive nurse fellows program: A model for learning in an executive master of science in nursing program. <i>Journal of Nursing Administration</i>, 38(3), 112-115.</p> <p>Walsh, L.V. &amp; DeJoseph, J. (2003). I saw it in a different light: International learning experiences in baccalaureate nursing education. <i>Journal of Nursing Education</i>, 42, (6), 266-272.</p>
7-8	<p><b>Conceptual:</b></p> <ul style="list-style-type: none"> <li>• Relation of genetics/genomics to population health including curricular interventions.</li> <li>• <b>Application:</b>  Submit methods and plan for data analysis/translational research application via digital dropbox (<b>worth 30% of proposal grade</b>)</li> </ul>	<p><b>Minkler &amp; Wallerstein:</b> Ch. 17-20</p> <p>American Nurses Association. (2006). <i>Essential nursing competencies and curricula guidelines for genetics and genomics</i>. (Download a copy of <i>Essential Nursing Competencies and Curricula Guidelines for Genetics and Genomics</i> at <a href="http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CEHR/Genetics_1/CompetenciesandCurriculaforGeneticsandGenomics.aspx">http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CEHR/Genetics_1/CompetenciesandCurriculaforGeneticsandGenomics.aspx</a> or a hard copy may be obtained by request from NHGRI, NIH Bldg. 31 Rm. 4B09, Bethesda, MD 20892-2152.)</p> <p><b>ERES:</b>  <b>Conley, Y &amp; Tinkle, M. (2007). The future of genomic nursing research. <i>Journal of Nursing Scholarship</i> 39(1), 17-24.</b></p> <p>Jacobs, P.N., Koehn, M.L. (2004). Curriculum evaluation: What, when, why, how. <i>Nursing Education Perspectives</i>, 25(1), 30-35.</p>
9-10	<p><b>Conceptual:</b></p> <ul style="list-style-type: none"> <li>• Multicultural ethics, cultural competency and sensitivity in population health.</li> <li>• Policy and activism, rural, local,</li> </ul>	<p><b>Minkler &amp; Wallerstein:</b> Ch. 21-23</p> <p><b>ERES:</b>  <b>Falk-Rafael, A. (2006) Globalization</b></p>

	<p>international.</p> <p><b>Application:</b></p> <ul style="list-style-type: none"> <li>Submit evaluation proposal limitations, ethical considerations, application to practice, and summary via digital dropbox (worth 20% of proposal grade)</li> </ul>	<p><b>and global health: toward nursing praxis in the global community. <i>Advances in Nursing Science. Global Health. 29(1), 2-14.</i></b></p> <p><b>Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. <i>Advances in Nursing Science 28(3), 212-223.</i></b></p> <p><b>Giddings, L. (2005). A theoretical model of social consciousness. <i>Advances in Nursing Science. 28(3), 224-239.</i></b></p> <p><b>Grennan, T. (2003). A wolf in sheep's clothing? A closer look at medical tourism. <i>Medical Ethics 1(1), 50-55.</i></b></p>
11-12	<p><b>Conceptual:</b></p> <ul style="list-style-type: none"> <li>Fiscal implications in population health.</li> <li>Nurse migration.</li> <li>Educational evaluation methods. Clinical evaluation methods.</li> </ul> <p><b>Application:</b></p> <ul style="list-style-type: none"> <li>Submit budget for proposal/translational project and fiscal considerations. (worth 10% of proposal grade)</li> </ul>	<p><b>Minkler &amp; Wallerstein: Ch. 24-28</b></p> <p><b>ERES:</b></p> <p>Skim:</p> <p>Kingma, M. (2006) <i>Nurses on the move; Migration and the global health care economy</i>. NY: Cornell U Press.</p> <p>Klein, Naomi. (2007). <i>The shock doctrine: The rise of disaster capitalism</i>. New York, NY: Henry Holt Books.</p>
13-14	Students present a summary of their evaluation proposal orally	
15-16	Students present a summary of their evaluation proposal orally	

### Enduring Understandings

1. Suspension of judgment aids in deepening understanding of the "other."
2. Humility\* leads to authentic cultural encounters and enhances possibilities for peace.
3. Creating respectful, peaceful solutions to ideological, economic, political, environmental, and practice conflicts improves population health outcomes.
4. Practices that stem from good intentions may have detrimental effects on population health.

\* Humility = modesty, lacking in pretence, not seeing oneself as better than others.

### COURSE POLICIES:

#### BLACKBOARD

Each student is required to enroll in Blackboard, the web-based portion of the class. To enroll, you will need the user name and password used for myWSU. To access Blackboard, go to <http://nursingonline.wsu.edu>. In the middle of the page there is a link to the instructions to self enroll in the course. Once enrolled, you can log on at <http://blackboard.wsu.edu>. The course syllabus is posted in the section "Syllabus." The course readings are available on electronic reserves via the library which can be accessed in the section, "External Links".



## **WORK LOAD**

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. For instance, with a 3 credit course expect to spend an average of 6 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 6 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

## **WEB BASED CLASSES**

There are 8 web-based modules.

1. The web-based modules are designed to promote self-guided learning and foster interactions among the class members. Much of what makes this class interesting is the development and exchange of ideas. The goal of the web-based activities is to stimulate you and create a venue for thought provoking dialogue.
2. Web-based group activities require each person to assume some of the responsibilities. This engages everyone in the activities but does not burden any one person. This also facilitates team building, which is an essential skill for global and cultural competency.
3. This course explores values. One goal is to make explicit those values that may be taken for granted or veiled. Consequently I will make my values, as an instructor explicit. One of my primary values is inclusiveness meaning an honoring of diversity in many forms including racial, ethnic, gender, cultural, disability, age, religion, sexual orientation, and socioeconomic differences. Inclusion is demonstrated by behaviors that promote social justice. Issues of power, sexism, oppression and vulnerability may be aspects of our discussions. Diversity of thought and opinion is encouraged within a circle of caring, respect, and safety.
4. When a web based module involves participation in a discussion board, it will stipulate if it is for a small group or if it involves use of the main discussion board. The small group discussion board can be found within the small group home page.
5. If you are having problems understanding an assignment or have questions about it, please e-mail me. If you are having computer problems with access to Blackboard, e-mail [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu). Students on other campuses can contact [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu) or call 509-324-7611.
6. Modifications to the course will be made to facilitate your learning and to assure the web-based classes work well.
7. There will be a formative evaluation of the course so that changes can be made if needed.

**LATE ASSIGNMENTS** – If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact me to negotiate for an alternative submission date. If you don't contact faculty, late assignments will be downgraded by one point for each day that they are late.

**WRITING ASSIGNMENTS** – All papers must adhere to the university writing style guidelines. (APA Manual). Written assignments must include a cover page, abstract, and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated. \*\* When submitting assignments to the instructor include the name of the assignment on the subject line and include your full name in the email text.

## **DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first two weeks of the semester if any accommodations are needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through Disability Services on your campus.

## **ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or

fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as ‘cheating’ in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student’s dismissal from the WSU College of Nursing.

#### **INSTRUCTIONAL STRATEGIES:**

Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through faculty directed discussion boards. Guest speakers will present perspectives on significant issues.

**GRADING FORMULA** –Your overall class participation grade is based upon your general comments and interactions in all the forums, your Discussion Question inputs to the Main Forum, and your weekly overviews. You will get a chance to submit your own answers to the Discussion Questions as well as selectively comment on the submissions of interest made by other students. See grading rubric for web assignments.

#### **GRADING**

95-100 = A	76-79 = C+
90-94 = A-	73-75 = C
86-89 = B+	70-72 = C-
83-85 = B	66-69 = D+
80-82 = B-	60-65 = D
	0-59 = D-

**EVALUATION:** Grading of the course will be based upon the quality of the student’s attainment of the required activities listed below:

- (30%) Attend and participate in on-campus, AMS, and Blackboard classes and offer consistent, timely, and thoughtful contributions to online discussions and other activities, based upon reflective, thorough preparation. In general, student is expected to post once weekly and respond to two of peers’ posts weekly in the Blackboard Discussion Board part of the course. See class participation rubric at end of syllabus. Web based discussion will include analysis of key health issues affecting the DNP role in your desired work setting. Analysis will include affected populations, culture, key organizational players, and role of environment, migration, international and regional politics and economics. Specific inquiry questions will guide web based responses. Oral presentation of final evaluation proposal in class is considered part of participation grade.
- (70%) Design and complete a simple, clinically or educationally-relevant project proposal that is preferably related to your practice and/or research interest. Select a population and identify an important health problem or issue for this population. You may identify the problem through RAP or CBPR. Analyze and evaluate the research related to the health problem. Include objectives, an evaluation plan, and a budget. Sections of the proposal will be due to digital dropbox every two weeks. Paper and oral presentation of final product due in class Week 13.

**PARTICIPATION** – Participation in web-based classes requires active engagement with the content and with other class members. The web participation rubric is adapted from one created by Diane Bauer at OHSU. This rubric will form the basis for evaluation of student participation in this course. Students should be rated at a level of C or above in all categories and B or above in at least 3 categories to receive a satisfactory evaluation.

#### **Grading Criteria – Online Web Assignments**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>Needs Improvement</b>
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<b>Frequency of Contribution</b> Note: Quality is important. Content and depth of analysis make a posting substantive – not length.	Presents ideas and analysis succinctly in 3 or more substantive postings within discussion period.	Presents ideas and with some analyses. In a minimum of two substantive postings.	Presents ideas and with little analyses in only one posting.	Fails to post. Late in posting so there is no opportunity for others to benefit from the contribution or to respond.
<b>Preparation and Engagement in Dialogue</b>	Postings reflect understanding of readings and others' perspectives and demonstrate willingness to consider and incorporate them.	Postings reflect understanding of readings and others' perspectives and demonstrate willingness to consider them.	Postings are limited to one perspective and do not identify or discuss the perspectives of others.	Postings are non-substantive. "I agree", anecdotes that do not reflect knowledge of the readings.
<b>Critical Thought</b>	Compares and contrasts ideas and approaches consistently. Makes recommendations and identifies own assumptions /biases. Analyzes, synthesizes and evaluates information provided by self and others.	Describes and compares ideas and approaches. Occasionally makes recommendations and identifies own assumptions/biases.  Analyzes and sometimes evaluates information provided by self and others.	Identifies ideas and approaches. Rarely makes recommendations or identifies own assumptions/biases.  Identifies information provided by self and others without evaluation.	Does not offer own ideas, copies information from website or literature without analysis or substantive comment.
<b>Use of Evidence and Published Literature</b>	Draws on assigned readings as well as literature beyond them to support ideas in discussion.  Identifies gaps and recommends future directions.  Cites web sites and articles from the professional literature.  References meet criteria for authority, accuracy, objectivity, and are current.	Draws on assigned readings and occasionally on literature beyond them to support ideas and discussion.  Sometimes identifies gaps and recommends future directions.  Cites web sites and articles from the professional literature.  References usually meet criteria for authority, accuracy, objectivity and are current.	Draws on assigned readings to support discussion.  Seldom identifies gaps.  Sometimes cites web sites and articles from the professional literature.  References rarely meet criteria for authority, accuracy, objectivity and are not always current.	Offers opinions without evidence or literature support.  Does not identify gaps.  Cites websites and or literature occasionally.  References do not meet criteria for authority, accuracy, objectivity and are not current.
<b>Collegiality and Respect for Divergent Opinions</b>	Responds to others with dialogue that moves discussion forward.	Frequently responds to others with dialogue that moves discussion forward.	Occasionally responds to others with dialogue that moves discussion forward.	Does not respond to others' postings

	Responds respectfully to those who express different views; articulates own views and rational when they differ from others.	Frequently responds respectfully to those who express different views; articulates own views when they differ from others but does not describe rationale for differing view.	Responds respectfully to those who express different views. Unable to articulate rationale for own views.	Posting is discourteous, disrespectful, and/or unprofessional in tone or language.
<b>Form</b>	<p>Postings are always clear, logical, organized, and relevant; ideas are well-developed and related content to course.</p> <p>Postings do not have errors in spelling or grammar.</p>	<p>Postings often are relevant and relate content to the course; ideas are developed, logical and organized.</p> <p>No more than 2 errors in spelling and grammar.</p>	<p>Postings are usually relevant but may be imprecise due to unclear logic, failure to develop ideas or disorganization.</p> <p>Multiple misspellings and grammatical errors.</p>	<p>Postings are rarely relevant and are often imprecise due to unclear logic, failure to develop ideas or disorganization.</p> <p>Multiple misspellings and grammatical errors.</p>

Thanks to DS Bauer for sharing this rubric originally developed by Katherine Crabtree. Revised by Janet Katz and Carol Allen 12/18/06

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**Course Number:** N512

**COURSE TITLE:** Rural and Cultural Competencies for Population Health Practicum

**CREDIT HOURS:** 1-2 credits practicum

**PREREQUISITES/CONCURRENT:** Admission to the DNP and N511 Rural and Cultural Competencies for Population Health theory course

**FACULTY:** Carol B. Allen PhD, RN,  
E-mail Address: [carola@wsu.edu](mailto:carola@wsu.edu)  
Telephone Number: 509-324-7262 (Office)

Dawn Doutrich PhD  
Email Address: [doutrich@vancouver.wsu.edu](mailto:doutrich@vancouver.wsu.edu)  
Telephone Number: 360 546 9464

**CATALOG DESCRIPTION:** Application of rural, cultural and research competencies necessary for reducing health disparities and increasing access to care for populations in the practice setting.

**COURSE DESCRIPTION:** Students apply rural and cultural competencies in the translation of theory and research into practice that reduces health disparities and increases access to care for a selected population. Students develop their own objectives related to improving their cultural/global competencies in this advanced practice practicum working with a preceptor. Students may choose to develop their skills in local, rural, or international settings.

**COURSE OBJECTIVES:**

Graduate students in this course will:

8. Formulate a set of personal learning objectives related to improving rural and/or cultural competencies from an advanced practice perspective in a specified area of rural, cultural, or international population health
9. Identify a target population and multidisciplinary team with whom to collaborate in the development of a program or policy designed to improve population health
10. Apply rural and cultural competency, empowering research methods, and evidence-based literature in your assessment of the population's needs and development of the policy or program.
11. Develop a comprehensive plan for evaluation of the program or policy

**COURSE POLICIES:**

**DISABILITY STATEMENT**

We are an institution of higher education and we have a responsibility to inform students with disabilities about the process of accessing reasonable accommodations.

We are committed to providing assistance to help you be successful in this course. Reasonable accommodations are available for students with a documented disability. If you have a disability and may need accommodations to fully participate in this class, please visit or call the Disability Resource Center (DRC). All accommodations MUST be approved through the DRC. If you are a Spokane or Yakima based student: Please stop by (Admin Annex Bldg, Room 205) on the Pullman campus, call 509-335-3417 or email [drc@wsu.edu](mailto:drc@wsu.edu) to make an appointment with a disability specialist. If you are on the TriCities campus contact Cherish Tijerina at 509.372.7352, use Washington Relay Service: 1.800.833.6388, or stop by 2710 University Drive, Richland, WA 99354. If you are a Vancouver student go to <http://www.vancouver.wsu.edu/ss/disability.htm> or contact Sally Dost at 360-546-9138 or email [sdost@vancouver.wsu.edu](mailto:sdost@vancouver.wsu.edu)

**DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

### **ACADEMIC HONESTY**

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### **BLACKBOARD**

Each student is required to enroll in Blackboard, the web-based portion of the class. To enroll, you will need the user name and password used for myWSU. To access Blackboard, go to <http://nursingonline.wsu.edu>. In the middle of the page there is a link to the instructions to self enroll in the course. Once enrolled, you can log on at <http://blackboard.wsu.edu>. The course syllabus is posted in the section “Syllabus.” The course readings are available on electronic reserves via the library which can be accessed in the section, “External Links”.

### **WEB BASED CLASSES**

1. The web-based activities are designed to promote self-guided learning and foster interactions among the class members. Much of what makes this class interesting is the development and exchange of ideas. The goal of the web-based activities is to stimulate you and create a venue for thought provoking dialogue.
2. Web-based group activities require each person to assume some of the responsibilities. This engages everyone in the activities but does not burden any one person. This also facilitates team building, which is an essential skill for global and cultural competency.
3. This course explores values. One goal is to make explicit those values that may be taken for granted or veiled. Consequently I will make my values, as an instructor explicit. One of my primary values is inclusiveness meaning an honoring of diversity in many forms including racial, ethnic, gender, cultural, disability, age, religion, sexual orientation, and socioeconomic differences. Inclusion is demonstrated by behaviors that promote social justice. Issues of power, sexism, oppression and vulnerability may be aspects of our discussions. Diversity of thought and opinion is encouraged within a circle of caring, respect, and safety.
4. If you are having problems understanding an assignment or have questions about it, please e-mail me. If you are having computer problems with access to Blackboard, e-mail. Students on other campuses can contact [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu) or call 509-324-7611.
5. Modifications to the course will be made to facilitate your learning
6. There will be a formative evaluation of the course so that changes can be made if needed.

**LATE ASSIGNMENTS** – If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact me to negotiate for an alternative submission date. If you don’t contact faculty, late assignments will be downgraded by five percentage points for each day that they are late.

**WRITING ASSIGNMENTS** – All papers must adhere to the university writing style guidelines. (APA Manual). Written assignments, except the PowerPoint presentation, and self reflection must include a cover page, and abstract. The final PowerPoint requires references. Your written work is a representation of you. Insure all credits are given for other’s work. Any

violations, plagiarism, or copying will not be tolerated. \*\* When submitting assignments to the instructor include the name of the assignment on the subject line and include your full name in the email text.

## REQUIRED TEXTBOOKS

No textbooks are required. Materials used in N511 and those related to the student's individual learning goals will be selected by the student with advice from the faculty as needed.

### Recommended Texts

1. Beebe, J. (2001). *Rapid assessment process: An introduction*. Lanham, MD: AltaMiraPress. (Required for N511)
2. McDavid, J., Hawthorn, L. (2006). *Program evaluation and performance Measurement: An introduction to practice*. Newbury Park: Sage Publications. (required for NU591)
3. Minkler, M. & Wallerstein, N. [Eds.]. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass. (Required for N511)
4. Patton, M.Q. (2001). *Qualitative Research and Evaluation Methods*. Newbury Park: Sage Publications. (Required for NU591)

### Supplemental Readings

These are readings that may be helpful as you work on your practice projects.

AACN (2008). *Toolkit of resources for culturally competent education for baccalaureate nursing nurses*. Author. Available at <http://www.aacn.nche.edu/Education/cultural.htm>

Anderson, J; Perry, J, Blue, C., Browne, A., Henderson, A, Koushambbi, B., Kirkbam, S., Lynam, J., Semeniuk, P & Smye, V. (2003) Rewriting cultural safety within the postcolonial and postnational feminist project: Toward new epistemologies of healing. *Advances in Nursing Science* 26(3), 196-214.

Beebe, J. (2001). *Rapid assessment process: An introduction*. Walnut Creek: AltaMira Press.

Bekemeier, B. & Butterfield, P. (2005). Unreconciled inconsistencies: A critical review of the concept of social justice in 3 national nursing documents. *Advances in Nursing Science*, 28(2), 152-162.

Boutain, D. (2005). Social justice as a framework for professional nursing. *Journal of Nursing Education* 44(9), 404 -408.

Bushy, A. (2002). International perspective on rural nursing: Australia, Canada, USA. *Australian Journal of Rural Health* 10, 104-111.

Centers for Disease Control and Prevention (2008). Prevalence of overweight, obesity and extreme obesity among adults: United States, trends 196-80 through 2005-06. NCHS Health & Stats, Health E-Stat.

Council on Health Research for Development (2006). *Priority setting for health research: Toward a management process for low and middle income countries*. Author. Available at [http://www.cohred.org/publications/workingpapers/062906\\_COHRED\\_WorkingPaper1.pdf](http://www.cohred.org/publications/workingpapers/062906_COHRED_WorkingPaper1.pdf)

Crigger, N, Brannigan, M, Baird, M. (2006). Compassionate nursing professionals as good citizens of the world. *Advances in Nursing Science* 29(1), 15-26.

Cultural Safety Research Group (2006). *Opening our eyes-Shifting our thinking*. Victoria Wellington, NZ:University of Wellington [Monograph].

Curtis, V. (2003). Talking dirty: how to save a million lives. *International Journal of Environmental Health Research* 13, S73-S79.

Edwards, P.A. & Davis, C.R. (2006). Internationally educated nurses' perceptions of their clinical competence. *The Journal of Continuing Education in Nursing*, 37 (6), 225-269.

- Falk-Rafael, A. (2006) Globalization and global health: toward nursing praxis in the global community. *Advances in Nursing Science. Global Health*. 29(1), 2-14.
- Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. *Advances in Nursing Science* 28(3), 212-223.
- Giddings, L. (2005). A theoretical model of social consciousness. *Advances in Nursing Science*. 28(3), 224-239.
- Global Health Watch, (2006) Global Health Watch 2005-2006: An alternative health report. New York St. Martins Press. Available on line at [Global Health Watch](#)
- Glasgow, N., Morton, L., & Johnson, N. Eds. (2004). Critical issues in rural health. *Critical issues in rural health*, Victoria, AU, Blackwell.
- Grennan, T. (2003). A wolf in sheep's clothing? A closer look at medical tourism. *Medical Ethics* 1(1), 50-54.
- Holzemer, W, Uys, L., Makoe, I, Stewart, A., Phetlhu, R., Dlamini, P., Greeff, M., Kohi, T., Chirwa, M, Cuca, Y., & Naidoo, J. (2007). A conceptual model of HIV/AIDS stigma from five African countries. *Journal of Advanced Nursing* 58(6), 541-551.
- Hunter, B., White, G., & Godbey, G. (2006). What does it mean to be globally competent. *Journal of Studies in International Education*. 10, 267-285.
- Lightfoot, N., Strasser, R., Maar, M. & Jacklin, K. (2008). Challenges and rewards of health research in northern, rural and remote communities. *Annals of Epidemiology* 18(6), 507-514.
- North, L. & Cameron, J. Eds. (2003). *Rural progress, rural decay: Neoliberal adjustment policies and local initiatives*. Bloomfield, CT: Kumarian Press.
- Markel, W., Fisher, M., Smego, R. (2007). *Understanding global health*. Mc Graw Hill
- Merten, D. (2007). Transformative paradigm: Mixed methods research and social justice. *Journal of Mixed Methods Research* 1(3), 212-225.
- Milio, N. (2002). A new leadership role for nursing in a globalized world. *Topics in Advanced Practice Nursing eJournal* 2(1).
- Murphy, C. (2006). The 2003 SARS outbreak: Global challenges and innovative infection control measures. *Online Journal of Issues in Nursing* 11(1).
- Powers, M. & Faden, R. (2007). *Social justice: The moral foundation of public health and health policy*. Oxford University Press.
- Sheer, B. (2007). Advanced practice nurses: Networking in the international arena. *Topics in Advanced Practice Nursing eJournal* 7(1).
- Sussman, S., Valente, T., Rohrbach, L., Skara, S., & Pentz, M. (2006). Translation in the health professions: Converting science into action. *Evaluation and the Health Professions* 29 (7), 7-32.
- US Department of Health and Human Services (2001). Health Resources and Services Administration Study On Measuring Cultural Competence in Health Care Delivery Settings, Author. Available at <http://www.hrsa.gov/culturalcompetence/measures/>
- World Health Organization (2007). Islamabad Declaration on Strengthening Nursing and Midwifery. Available from: [http://www.icn.ch/Islamabad\\_Declaration.pdf](http://www.icn.ch/Islamabad_Declaration.pdf)



World Health Professions Alliance (2007). *A core competency framework for international consultants*. World Dental Press. Available at [http://www.whpa.org/pub2007\\_IHC.pdf](http://www.whpa.org/pub2007_IHC.pdf)

### Enduring Understandings:

1. Suspension of judgment aids in deepening understanding of the “other.”
2. Humility\* leads to authentic cultural encounters and enhances possibilities for peace.
3. Creating respectful, peaceful solutions to ideological, economic, political, environmental, and practice conflicts improves population health outcomes.
4. Practices that stem from good intentions may have detrimental effects on population health.

\* Humility =modesty, lacking in pretence, not seeing oneself as better than others.

### COURSE FORMAT/METHOD OF INSTRUCTION

This is a practicum course with 2 webcast or on line seminars. Practice sites should allow students to focus on the needs of a selected population rather than individuals. The practicum should provide opportunities for the student to apply rural, global, and cultural competency skills, to assess the needs of the population, and develop and/or implement a program or policy to improve access to care through provision of evidence-based and culturally competent care.

### COURSE REQUIREMENTS/ Evaluation

#### 1. Develop learning goals and specify measureable outcomes and individual goals for this practicum (15%).

Individual goals should relate to the objectives of the course while providing a focus for your practice experience. Each goal is to be accompanied by one or more concrete, measurable outcomes. Your work in this course should focus on system level intervention developed in conjunction with the community to address the health needs of a population. Your goals and the course objectives will be used by you, the faculty, and your preceptor(s) to evaluate your work in this course.

Examples:

(Please note the examples below are for two different settings)

Related Course Objective #	Personal Goal	Measurable Outcomes
#2	Evaluate the health needs and resources of People in the X village Malawi	Community Assessment Summary Notes from meetings with key informants List of health issues of concern to the community developed in conjunction with the community. Plan for addressing the health need developed in collaboration with village residents and leaders.
#4	Improve ability to translate research on evaluation techniques to an obesity prevention program for rural teenagers.	Annotated bibliography of sources for evaluating prevention programs for teens. Notes or other evidence of collaboration with community members to develop or implement plan. Written proposal for evaluation of Obesity prevention program sponsored by Z county health department.

#### 2. Annotated bibliography related to personal learning goals and project (15%) Criteria.

1. Complete citations in correct APA format (20%)
2. Citations are relevant to personal goals and planned project (10%)
3. The majority of articles included are research reports, policy statements, or scholarly essays proposing, critiquing, or evaluating relevant programs or concepts (10%)
4. Annotations are in the students own words and include a short summary of the article or research with an analysis of the application to the project and/or personal goals (60%)

- a. Quantitative research article annotations must include: purpose of study, methods, population, number and relevant characteristics of subjects, findings, strengths and limitations, application to student's project or goals.
- b. Qualitative research article annotations must include, purpose, methods, number and relevant characteristics of participants, major findings, strengths and limitations, application to student's project or goals.
- c. Policy discussions, scholarly essays and other articles must be summarized including key points, author's point of view, and evaluation of proposals in relation to the student's project or goals.

**3. Narrative reflection and self-evaluation of personal goals and clinical practice in relation to course objectives (5% midterm/5% final) Total 10%**

**4. Faculty and Preceptor evaluation of student's learning goals and course objectives (5% each) total 10%.**

**5. Online presentation of project and evaluation of outcomes – (40%)**

- a. Complete summary of the project implemented
  - i. Background,
  - ii. Stakeholder participation in the development of the project,
  - iii. Desired outcomes/from in the eval plan from 512,
  - iv. Budget
  - v. Description of what was done by whom,
  - vi. False starts and blind alleys,
- b. Evaluation of outcomes,
  - i. Expected and unexpected
  - ii. Budget narrative
- c. Evaluation of the process,
- d. Lessons learned,
- e. Planned follow up.
- f. Feedback on presentations by others.

**6. Contributions to seminar and on line discussion board-10%**

Weekly progress notes, feedback to other students, questions etc. (See grading rubric for on-line discussions for grading of this activity).

**Total possible percent for all assignments = 100%**

**GRADING SCALE**

95-100 = A	76-79 = C+
90-94 = A-	73-75 = C
86-89 = B+	70-72 = C-
83-85 = B	66-69 = D+
80-82 = B-	60-65 = D
	0-59 = D-

**COURSE CALENDAR**

Weeks	Topics	Required activities
1-2	Seminar 1 Personal learning goals and outcomes for this practicum. Developing and initiating your project	Submit draft of goals and outcomes Submit plan for initiating project. (A revision of the proposal produced in N511 or the introduction required for those taking 511 concurrently is acceptable)
3-5	Work on refining and implementing the project	Post weekly progress notes and questions on the discussion board. Respond to other class members in your small group
6-10	Implementation and beginning evaluation	Post weekly progress notes, questions, resources on the Discussion board Week 6 submit midterm narrative reflection on goals and process. Implementation and Evaluation of the plan
11-12	Evaluation of project and practice	Submit draft of content for PowerPoint presentation

		Submit completed annotated bib.
13-15	Wrap up seminar – lessons learned, recommendations for others.	Post final PPT presentation as scheduled. Critically evaluate the presentations of 3 other class members and provide constructive, specific feedback and suggestions about both the project and the presentation. Narrative reflection and self-evaluation of learning goals Preceptor evaluation

### Student Roles and Responsibilities

Projects/written assignments are expected to reflect graduate level work.

Differences of opinion, interest and value orientation are inevitable and welcome. A spirit of courteous and respectful debate where the views of all are heard is encouraged.

Students in this course work independently on projects of their choice in clinical settings and are expected to present themselves as professionals at all times. Collaboration between the student and the agency, personnel, population is necessary to complete the project. Problems or issues should be discussed with the involved parties and the faculty as needed.

**PARTICIPATION – Participation in web-based classes requires active engagement with the content and with other class members. The web participation rubric is adapted from one created by Diane Bauer at OHSU.** This rubric will form the basis for evaluation of student participation in this course. Students should be rated at a level of C or above in all categories and B or above in at least 3 categories to receive a satisfactory evaluation.

### Grading Criteria – Online Web Assignments

	A	B	C	Needs Improvement
<b>Frequency of Contribution</b> Note: Quality is important. Content and depth of analysis make a posting substantive – not length.	Presents ideas and analysis succinctly in 3 or more substantive postings within discussion period.	Presents ideas and with some analyses. In a minimum of two substantive postings.	Presents ideas and with little analyses in only one posting.	Fails to post. Late in posting so there is no opportunity for others to benefit from the contribution or to respond.
<b>Preparation and Engagement in Dialogue</b>	Postings reflect understanding of readings and others' perspectives and demonstrate willingness to consider and incorporate them.	Postings reflect understanding of readings and others' perspectives and demonstrate willingness to consider them.	Postings are limited to one perspective and do not identify or discuss the perspectives of others.	Postings are non-substantive. "I agree", anecdotes that do not reflect knowledge of the readings.
<b>Critical Thought</b>	Compares and contrasts ideas and approaches consistently. Makes recommendations and identifies own assumptions /biases.  Analyzes, synthesizes and evaluates information provided by self and others.	Describes and compares ideas and approaches. Occasionally makes recommendations and identifies own assumptions/ biases.  Analyzes and sometimes evaluates information provided by self and others.	Identifies ideas and approaches. Rarely makes recommendations or identifies own assumptions/ biases.  Identifies information provided by self and others without evaluation.	Does not offer own ideas, copies information from website or literature without analysis or substantive comment.

<b>Use of Evidence and Published Literature</b>	Draws on assigned readings as well as literature beyond them to support ideas in discussion.	Draws on assigned readings and occasionally on literature beyond them to support ideas and discussion.	Draws on assigned readings to support discussion.	Offers opinions without evidence or literature support.
	Identifies gaps and recommends future directions.	Sometimes identifies gaps and recommends future directions.	Seldom identifies gaps	Does not identify gaps.
	Cites web sites and articles from the professional literature.	Cites web sites and articles from the professional literature.	Sometimes cites web sites and articles from the professional literature.	Cites websites and or literature occasionally.
	References meet criteria for authority, accuracy, objectivity, and are current.	References usually meet criteria for authority, accuracy, objectivity and are current.	References rarely meet criteria for authority, accuracy, objectivity and are not always current.	References do not meet criteria for authority, accuracy, objectivity and are not current.
<b>Collegiality and Respect for Divergent Opinions</b>	Responds to others with dialogue that moves discussion forward.	Frequently responds to others with dialogue that moves discussion forward.	Occasionally responds to others with dialogue that moves discussion forward.	Does not respond to others' postings
	Responds respectfully to those who express different views; articulates own views and rational when they differ from others.	Frequently responds respectfully to those who express different views; articulates own views when they differ from others but does not describe rationale for differing view.	Responds respectfully to those who express different views. Unable to articulate rationale for own views.	Posting is discourteous, disrespectful, and/or unprofessional in tone or language.
<b>Form</b>	Postings are always clear, logical, organized, and relevant; ideas are well-developed and related content to course.	Postings often are relevant and relate content to the course; ideas are developed, logical and organized.	Postings are usually relevant but may be imprecise due to unclear logic, failure to develop ideas or disorganization.	Postings are rarely relevant and are often imprecise due to unclear logic, failure to develop ideas or disorganization.
	Postings do not have errors in spelling or grammar.	No more than 2 errors in spelling and grammar.	Multiple misspellings and grammatical errors.	Multiple misspellings and grammatical errors.

Thanks to DS Bauer for sharing this rubric originally developed by Katherine Crabtree. Revised by Janet Katz and Carol Allen 12/18/06.

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N518

**COURSE TITLE:** Translating Evidence into Practice

**CREDIT HOURS:** 3 semester credits

**PREREQUISITES:** Admission to the Doctor of Nursing Practice Program or permission of the instructor.

**FACULTY:** Renee Hoeksel

Email Address: [hoeksel@vancouver.wsu.edu](mailto:hoeksel@vancouver.wsu.edu)

Telephone Number: 360-546-9621

**CATALOG DESCRIPTION:**

Focuses on appraising health related evidence and development of skills to apply evidence in advanced practice.

**COURSE DESCRIPTION:**

This course focuses on the knowledge and skills necessary to analyze and critically appraise health related evidence for advanced practice. Competencies are developed in searching for, weighing and rating the significance of different types of research. Research methods are evaluated with emphasis on the design, measurement and analysis of evidence based studies. Strategies for translating evidence into advanced practice are assessed.

**COURSE OBJECTIVES**

1. Develop the ability to conduct data based searches to support evidence.
2. Assemble a personal “tool kit” for conducting evidence based practice
3. Compare research designs to determine their level of significance in translating evidence into practice.
4. Formulate critical questions relevant to advanced practice.
5. Analyze quantitative and qualitative research methods with respect to the design, measurement and analysis of evidence based studies.
6. Assess strategies for translating evidence into advanced practice.
7. Prepare a proposal for generation and dissemination of evidence to guide clinical practice.

**COURSE POLICIES:**

**BOOKS AND OTHER COURSE MATERIALS**

Melnik, B. M., & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Burns, N. & Grove, S.K. (2009). *The practice of nursing research: Appraisal, Synthesis, and Generation of Evidence*. 6<sup>th</sup> Edition. St. Louis, MO: Elsevier Saunders.

Links to relevant web sites can be found in Blackboard and as assigned resources for specific classes.

## **ELECTRONIC RESERVES**

Electronic reserves can be accessed via Blackboard in the External Links section.

## **WORK LOAD**

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. With distance friendly courses, the in class time is combined with the outside of class time. For instance, with a 3 credit course expect to spend an average of 9 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 9 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

## **ATTENDANCE**

There are four required classes that must be attended either in-person or using video stream and instant messaging. All other course work will be web based modules completed by using Blackboard. If you are unable to attend the in-person classes arrangements must be made with the instructor in advance and a make-up assignment will be required.

## **PARTICIPATION**

Class participation must be satisfactory in order to receive a passing course grade. This involves being prepared for and attending class, engaging in class and web based discussions and successful completion of all activities in class and all web based modules.

**LATE ASSIGNMENTS** – Late assignments will not be accepted unless arrangements are made with the faculty in advance.

**WRITING ASSIGNMENTS** – All papers unless otherwise indicated should follow APA 5 format. Written assignments must include a cover page and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated.

## **DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

## **ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as 'cheating' in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student's dismissal from the WSU College of Nursing.

## **INSTRUCTIONAL STRATEGIES:**

Learning will occur through the use of readings, discussions, in-class activities, web based modules and assignments. The syllabus may be changed as needed to facilitate student learning.

## **BLACKBOARD**

You are required to enroll in Blackboard, the web-based portion of the class. You need the user name and password assigned to you by the College of Nursing computing staff to enroll. Go to <http://nursingonline.wsu.edu>. In the middle of the home page there is a link to the instructions to enroll in the course.

## ASSIGNMENTS AND COURSE EVALUATION

Your course grade will be based on the number of assignments you successfully complete along with full course participation. Completion of three required assignments and full participation is required to earn a grade of B. Optional assignments may be completed to earn a higher grade. Any student who does not attend class and complete in class activities, make up a missed class, complete all web based modules or complete required assignments will have a reduction in grade that may result in failure of the course.

### Required Assignments

1. EBP Group Project (PowerPoint presentation, evidence table, implementation plan)
2. Practice question with concise summary of relevant literature from PubMed, Cinahl quality sources within last 5 years. Summary would include but not be limited to number of subjects, methods used, analysis procedures, results.
3. Critique of implementation of EBP at a local healthcare facility or pick a standard of practice and analyze it for levels of data. For example the new pediatric AAP recommendations for lipids lists the recommendations and the level of evidence that supports them.

### Optional Assignments

1. Completion of ethics online module
2. Lesson plan for group (such as nurse managers or nursing students) to use Cochrane Data Base
3. Practice question with literature from different research methods (Note: if your required assignment (#2) used quantitative evidence, use qualitative for this assignment and vice versa.

### Grading

Class attendance for in-person classes and participation in and completion of all web based modules in addition to the following assignments:

- B Three required assignments
- B+ Three required and one optional assignment
- A- Three required and two optional assignments
- A Three required and three optional assignments

## COURSE SCHEDULE

Week / Date	Topics / Objectives	Readings / Assignments
Week 1 In-person class 9:10 am - 4:00 pm	<b>Conceptualizing Evidence Based Practice</b> Introduction to course Introduction to Evidence Based Practice Conceptual models of evidence based practice <b>Finding Current Best Evidence</b> Workshop conducted by library faculty to explore search strategies and learn leading online health resources to locate the current best evidence for advanced practice.	Melnyk and Fineout-Overholt Chapters 1, 3, 8
Week 2 In-person class 9:10 am – 4:00 pm	<b>Levels of Evidence</b> Systematic reviews Randomized clinical trials Cohort studies Case-control studies Appraising the strength and limitation of studies. <b>Tools for Evidence Based Practice</b> Library resources Databases Government agency resources Academic resources	Melnyk and Fineout-Overholt Chapters 4, 5, 6

	Foundations	
Week 3 In-person class 9:10 am – 4:00 pm	<b>Generating Evidence</b> Developing the practice question Elements of a Study Quantitative methods Research designs Non-experimental Experimental Quasi-experimental Validity and reliability Qualitative methods Research designs Grounded theory Ethnography Phenomenological Historical Rigor	Melnyk and Fineout-Overholt Chapters 10 and 11  Burns and Grove Chapters 3, 4 and 11
Week 4 Web based class	<b>Measurement</b> Concepts of Measurement Measurement strategies Physiological Observational Interviews Questionnaires Scales	Burns and Grove Chapters 15 and 16
Week 5 Web based class	<b>Analysis</b> <i>Quantitative</i> Using Statistics to Summarize Data Using Statistics to Analyze Causality	Burns and Grove Chapters 19 and 20
Week 6	<b>Analysis</b> <i>Quantitative</i> Data Across Time Using Statistics to Examine Relationships Using Statistics to Predict Using Statistics to Examine	Burns and Grove Chapters 21 and 22
Week 7 Web based class	<b>Analysis</b> <i>Qualitative</i> Preparing data for analysis Content analysis Coding Mapping Counting Using electronic software in analysis of data	Burns and Grove Chapter 23
Week 8 Web based class	<b>Translating Evidence into Practice</b> Creating a culture for EBP Systems support for EBP Exemplars of Translating evidence into practice Analysis of application of EBP to current recommendations for health care	Melnyk and Fineout-Overholt Chapters 16 and 17
Week 9 Web based class	<b>Writing a Proposal</b> Writing a proposal Content of a proposal Seeking approval of a proposal Exemplars of proposals	Burns and Grove Chapter 28  Selected student proposals for capstone projects posted on Blackboard
Week 10	Student presentations of group project on EBP	



In-person class 9:10 am - 4:00 pm	Course summary	
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**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** 539

**COURSE TITLE:** Foundations of the DNP Role

**CREDIT HOURS:** 1 credits

**PREREQUISITES:** N518, N507, N512

**FACULTY:** Lorna Schuman

Email Address: schumann@wsu.edu

Telephone Number: 509-324-7285

**CATALOG DESCRIPTION**

Focuses on the foundations of the DNP role emphasizing the integration of practice inquiry and advanced practice.

**COURSE DESCRIPTION**

This course focuses on the development of understanding the DNP role. Students will analyze the historical foundation of the role and the social, cultural, political, legal, regulatory and ethical factors affecting DNP practice. Evidenced-based approaches to the delivery of advanced practice nursing will be emphasized.

**OBJECTIVES**

1. Articulate an understanding of the foundations of the DNP role.
2. Appraise the historical, socio-cultural, political, and professional influences on the development of the DNP role.
3. Analyze evidenced-based approaches to health care delivery in advanced practice
4. Develop strategies to integrate practice inquiry and advanced practice.
5. Analyze the social, cultural, political, legal, regulatory, and ethical factors that affect DNP professionalism and practice.

**TOPICS**

- I. The Basis of Advanced Nursing Practice
  - a. Advanced nursing practice and evolution of the DNP role
  - b. Practice inquiry as a foundation for advanced practice
- II. Evaluating methods of practice inquiry
  - a. The conceptual basis of practice inquiry
  - b. Methods of practice inquiry
  - c. The DNP role and practice inquiry

**TOPICS**

- III. An Evidence Based Practice Approach for the Delivery of APN care
  - a. Evidence based practice and the DNP role
  - b. Systems approaches to and models for health care delivery to improve quality and reduce health disparities
  - c. Cultural competencies for promoting quality health care
- IV. Integrating Advanced Practice, Practice Inquiry and the DNP role
  - a. Role Relationships
    - i. Academic
    - ii. Professional
    - iii. Community
    - iv. Health care organizations
  - b. Cultural Competence
- V. Professionalism and the DNP Role
  - a. Ethical decision-making
  - b. Advocacy in practice

- c. Legal and regulatory aspects of the DNP role
- d. Promoting the DNP role through a personal career plan

## **COURSE POLICIES**

### **BOOKS**

Melnik, B. M. & Fineout-Overholt, E., (2005). Evidence-Based Practice in Nursing & Healthcare: A Guide to best Practice. Lippincott Williams & Wilkins: Philadelphia.

### **BLACKBOARD**

Blackboard is the server for the web-based portion of the class. To enroll, you need a user name and password assigned by the College of Nursing. Students in Vancouver can contact Christine Ludwig at [Ludwig@vancouver.wsu.edu](mailto:Ludwig@vancouver.wsu.edu) or at 546-9085. Students on other campuses can contact [icnhelp@wsu.edu](mailto:icnhelp@wsu.edu) or call 509-324-7611. To access Blackboard, go to <http://nursingonline.wsu.edu>. In the middle of the page there is a link to the instructions to self enroll in the course. Once enrolled, you can log on at <http://blackboard.wsu.edu>. The course syllabus is posted in the section "Syllabus". The course readings are all available on electronic reserves via the library which can be accessed in the section, "External Links".

### **ELECTRONIC RESERVES**

All readings are articles available through the library's electronic reserves system and some are posted in Blackboard. Access the electronic reserves in the 'External Links' section of this course. Related web sites are listed in the syllabus and will need to be used to complete the course.

### **WORK LOAD**

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. With distance friendly courses, the in class time is combined with the outside of class time. For instance, with a 3 credit course expect to spend an average of 9 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 9 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

### **ATTENDANCE and PARTICIPATION**

Class participation is different from attendance, however missing class prohibits participation. If you are unable to attend class you may make arrangements in advance to participate by watching the class and completing a make up assignment.

### **LATE ASSIGNMENTS**

Late assignments will not be accepted unless arrangements are made in advance. If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact the instructor to negotiate for an alternative submission date.

### **WRITING ASSIGNMENTS**

All papers must adhere to the university writing style guidelines. (APA Manual) Written assignments must include a cover page, abstract, and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated.

### **ASSIGNMENTS CANNOT OVERLAP WITH OTHER COURSES WITHOUT INSTRUCTORS' WRITTEN PERMISSION FOR ALL COURSES INVOLVED.**

### **DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

### **ACADEMIC HONESTY**

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community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as ‘cheating’ in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student’s dismissal from the WSU College of Nursing.

### **INSTRUCTIONAL STRATEGIES**

Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom, as well as online through faculty directed discussion boards. Guest speakers will present perspectives on significant issues in practice inquiry. Strategies used in this course will include but are not limited to: AMS/ipod lectures, seminar/discussion, student presentations, written assignment, blackboard assignments, and assigned readings.

### **EVALUATION**

Grading of the course will be based upon the quality of the student’s attainment of the required activities listed below: Class attendance/participation in addition to the following assignments:

- |    |   |
|----|---|
| B  | Two required assignments                    |
| B+ | Two required and one optional assignment    |
| A- | Two required and two optional assignments   |
| A  | Two required and three optional assignments |

#### **Required Assignments**

1. Develop a personal professional development plan that incorporates new knowledge and technology, based on scientific underpinnings for implementation into your “ideal” practice as a graduate of the DNP program.
2. Seminar presentation on the practice issue of your choice related to introducing the DNP role into a health care practice, organization or system

#### **Optional Assignments**

1. Introduce the DNP role by providing an informational interview to a nurse leader
2. Introduce the DNP role by providing an informational interview to a health care professional who is not a nurse (physician, physical therapist, pharmacist etc.).
3. Create a position paper that promotes the use of nursing science through evidence based practice in the health care setting of your choice.
4. Propose a plan for decreasing health disparities in a specific community or with a vulnerable population.

## COURSE SCHEDULE

Week / Date	Topics / Objectives	Readings / Assignments
In Person Class 1 (6 Hours)	<p>Historical Overview of Advanced Nursing Practice</p> <p>The Development of the DNP</p>	<p>AACN. 2004. The Essentials of Doctoral Education for Advanced Nursing Practice. Available at: <a href="http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf">http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf</a></p> <p>Apold, S. (2008). The Doctor of Nursing Practice: Looking Back, Moving Forward. <i>Journal for Nurse Practitioners</i>, 4(2): 101-108.</p> <p>Draye, M.A., Acker, M. &amp; Zimmer, P. (2006). The Practiced Doctorate in Nursing: Approaches to Transform Nurse Practitioner Education and Practice. <i>Nursing Outlook</i>. 54(3): 123-129.</p> <p>Hathaway, D., Jacob, S., Stegbauer, C., Thompson, C., Graff, C. (2006). The Practice Doctorate: Perspectives of Early Adopters. <i>Journal of Nursing Education</i>. 45(12): 487-496.</p> <p>Loomis, JA, Willard, B, Cohen, J. (2007). Difficult Professional Choices: Deciding Between the PhD and the DNP in nursing. <i>Online Journal of Professional Issues in Nursing</i>. 12(1).</p> <p>Stein, JV. (2008). Becoming a Doctor of Nursing Practice: My Story. <i>Nursing Forum</i>. 43(1): 38-41.</p>
<p>Web Based Class 1 (3hours)</p> <p>Web based discussion board activity completed by end of the week on Blackboard.</p>	<p>Practice Inquiry and the DNP Role</p>	<p>Burke, LE, Schlenk, EA, Sereika, SM, Cohen, SM, Happ, MB &amp; Dorman, JS. 2005. Developing Research Competence to Support Evidence Based Practice. <i>Journal of Professional Nursing</i>, 21(6): 358-363.</p> <p>Byrne, MW, Keefe, MR. (2002). Building Research Competence in Nursing Through Mentoring. <i>Journal of Nursing Scholarship</i>, 34(4): 391-396.</p> <p>Magyary, D., Whitney, J.D. &amp; Brown, M.A. 2006. Advancing Practice Inquiry: Research Foundations of the Practice Doctorate in Nursing. <i>Nursing Outlook</i>. 54(3): 139-151.</p>
<p>Web Based Class 2 (3 hours)</p> <p>Web based discussion board activity completed by the end of the week on Blackboard.</p>	<p>Controversies Surrounding the DNP and Articulating the DNP Role</p> <p>AMA Resolutions Related to the DNP</p> <p>Controversies within Nursing Related to the DNP</p>	<p>2008 AMA House of Delegates Resolutions</p> <p><u>Resolution 214 – Doctor of Nursing Practice</u></p> <p>“RESOLVED, That our AMA oppose the National Board of Medical Examiners participating in any examination for Doctors of Nursing Practitioners (DrNP) and refrain from producing test questions</p>

Week / Date	Topics / Objectives	Readings / Assignments
		<p>to certify DrNP candidates.</p> <p>RESOLVED, That our AMA adopt policy that Doctors of Nursing Practice must practice as part of a medical team under the supervision of a licensed physician who has final authority and responsibility for the patient.”</p> <p><u>Resolution 232 (formerly 303) - Protection of the Titles “Doctor,” “Residents” and “Residency”</u></p> <p>“RESOLVED, That our AMA advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained, and develop model state legislation for implementation.</p> <p>RESOLVED, That our AMA supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO).”</p> <p>Roberts, SJ &amp; Glod, C. (2005). The practice doctorate in nursing: Is it the answer? <i>The American Journal for Nurse Practitioners</i> 9 (11/12): 56-65.</p> <p>Marion, L. (2005). The doctorate in nursing: My response. <i>The American Journal for Nurse Practitioners</i> 9 (11/12): 66-68.</p> <p>Lenz, E. (2005). The practice doctorate in nursing: An idea whose time has come. <i>Online Journal of Issues in Nursing</i>. Vol. 10 (3). Manuscript 1. Available at <a href="http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/Number3/tpc28_116025.aspx">http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/Number3/tpc28_116025.aspx</a></p> <p>Meleis, A. &amp; Dracup, K. (2005). "The Case against the DNP: History, timing, substance, and marginalization" <i>Online Journal of Issues in Nursing</i>. Vol. 10 (3). Manuscript 2. Available at: <a href="http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/Number3/tpc28_216026.aspx">http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/Number3/tpc28_216026.aspx</a></p>

Week / Date	Topics / Objectives	Readings / Assignments
		<a href="#">aspx</a>
In Person Class 2 (6 hours)	Evidence Based Approach for the Delivery of APN Care  Integrating Advanced Practice, Practice Inquiry and the DNP Role	Melnik and Fineout-Overholt: Chapter 16 Creating a Vision: Motivating a Change to Evidence-Based Practice in Individuals and Organizations.  Chapter 17 Reviewing the Evidence to Guide Best Practice.  Pipe, TB, Cisar, NS, Caruso, E, Wellik, KE. (2008). Leadership Strategies: Inspiring Evidence-Based Practice at the Individual, Unit, and Organizational Levels. <i>Journal of Nursing Care Quality</i> , 23(3): 265-271.
Web Based Class 3 (3 hours) Web based discussion board activity completed by end of the week on Blackboard	Professional and Regulatory Issues	APRN Joint Dialogue Group Report. June 18, 2008. Draft Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education.  The American Board of Comprehensive Care (ABCC) DNP Certification Examination. <a href="http://www.abcc.dnpcert.org/pressrelease.shtml">http://www.abcc.dnpcert.org/pressrelease.shtml</a>  AACN Response to the ABCC Exam. <a href="http://www.aacn.nche.edu/DNP/pdf/responseletter08.pdf">http://www.aacn.nche.edu/DNP/pdf/responseletter08.pdf</a>  Nurse Practitioner DNP Education, Certification and Titling: A Unified Statement. <a href="http://www.aanp.org/NR/rdonlyres/105556AC-24FC-4FFF-A9EE-08CDC6DB1BE5/0/DNPGROUPLETTER608wcopyrightandatribution61908.pdf">http://www.aanp.org/NR/rdonlyres/105556AC-24FC-4FFF-A9EE-08CDC6DB1BE5/0/DNPGROUPLETTER608wcopyrightandatribution61908.pdf</a>  Goleman, D. (2000). Leadership That Gets Results. <i>Harvard Business Review</i> , Mar-Apr: 78-90.  Porter-O'Grady, T. 2003. A Different Age for Leadership Part 1. <i>Journal of Nursing Administration</i> 33(2): 105-110.  Porter-O'Grady, T. 2003. A Different Age for Leadership Part 2. <i>Journal of Nursing Administration</i> 33(3): 173-178.
Web Based Class 4 (3 hours) Web based discussion board activity completed by the end of the week on Blackboard	Ethical Issues Related to the DNP  Cultural Competencies and the DNP Role	Beidler, S. (2005). Ethical Issues Experienced by Community Based Nurse Practitioners Addressing Health Disparities Among Vulnerable Populations. <i>International Journal for Human Caring</i> , 9(3): 43-50.  Campinha-Bacote, J. (1995). The Quest for Cultural Competence in Nursing Care. <i>Nursing</i>

Week / Date	Topics / Objectives	Readings / Assignments
		<p><i>Forum</i> 30 (4): 19-25.</p> <p>Laabs, CA. (2007). Primary Care Nurse Practitioners' Integrity When Faced With Moral Conflict. <i>Nursing Ethics</i>. 14(6): 795-806.</p> <p>Silva, MC &amp; Ludwick, R. (2006). Is the Doctor of Nursing Practice Ethical? <i>Online Journal of Issues in Nursing</i>, 11(2).</p> <p>National Standards for Culturally and Linguistically Appropriate Care.  <a href="http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf">http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf</a></p>
In Person Class 3 (6 hours)	Student Presentations and Discussion of Personal DNP Professional Development Plans	Student assigned readings to prepare for the presentations.



## ASSIGNMENTS

### Required Assignment 1

Develop a personal professional development plan that incorporates new knowledge and technology, based on scientific underpinnings for implementation into your “ideal” practice as a graduate of the DNP program. The plan should include the following elements as well as any others relevant to your professional development.

1. How you will use evidence based practice, practice inquiry and leadership skills in your advanced practice
2. The use of information technology in your advanced practice
3. Describe ongoing development of leadership skills and ways the skills can contribute to the nursing profession and your practice
4. Continuing education that will enhance your DNP education to provide ongoing opportunities for professional development
5. Enhancing cultural competencies
6. Contributing to health policies that promote the DNP role and for improving the health care system

### Required Assignment 2

Present a seminar on the practice issue of your choice related to introducing the DNP role into a health care practice, organization or system. The seminar should include the following elements as well as any others relevant to your seminar.

1. Why you chose the practice issue and its relevance to DNP practice.
2. A definition of the DNP to be used in explaining the role.
3. Benefits of employing a DNP graduate to address the practice issue.
4. Potential contributions of the DNP graduate to the practice, organization or system in relationship to the selected practice issue.
5. Potential contributions of the DNP graduate to reducing health disparities and improving health care quality in relationship to the selected practice issue.
6. Ways in which the DNP graduate can promote cultural competencies in the practice, organization or system.
7. Potential leadership contributions of the DNP graduate in addressing the practice issue of interest and to the practice, organization or system.
8. Potential ways the DNP graduate can incorporate practice inquiry into the practice, organization or system while addressing the practice issue of interest.

### Optional Assignment 1

Introduce the DNP role by conducting an informational interview to a nurse leader. The interview should include the following.

1. First ask the person to describe her understanding of the DNP role and ways in which she feels a DNP graduate could become part of the practice, organization or system. If the person has a clear understanding of the DNP positively reinforce this.
2. Provide the person with information from your perspective of the DNP on the following aspects of the DNP role.
  - a. A definition of the DNP to be used in explaining the role.
  - b. Potential contributions of a DNP graduate to a practice, organization or system.
  - c. Potential contributions of a DNP graduate to reducing health disparities and improving health care quality.
  - d. Ways in which the DNP graduate can promote cultural competencies in a practice, organization or system.
  - e. Potential leadership contributions of the DNP to a practice, organization or system and the profession.
  - f. Potential ways the DNP graduate can incorporate practice inquiry into a position within a practice, organization or system.
  - g. Anything else you think is important for the person to know.

### Optional Assignment 2

This assignment should be the same as optional assignment 1 but conducted with a health professional such as a pharmacist, physician, physical therapist or naturopath.

### Optional Assignment 3

Write a 3-5 page position paper that promotes the use of nursing science through evidence based practice in the health care setting of your choice.

1. Identify a practice issue of interest for which you know evidence based practice is not occurring. Document this issue through a review of the literature.
2. Review the literature to assess if there are evidence based guidelines being used to guide practice or policy to deal with the issue.
3. If there are evidence based guidelines available, propose strategies to integrate these guidelines into practice or policy.
4. If there are no evidence based guidelines available, propose a practice inquiry project to create evidence based guidelines.

### Optional Assignment 4

Propose a plan for decreasing health disparities in a specific community or with a vulnerable population through provision of care by a DNP graduate. This should be approximately 5 pages in length.

1. Identify the population of interest and why you selected this population.
2. Document the health disparities problem. Use a review of the literature or local state or national data as documentation.
3. Create a plan for reducing one specific health disparity such as higher infant mortality, higher incidence of TB, lower immunization rates in children age 2 and under or higher rates of sexually transmitted infections.
  - a. Identify the various aspects of the DNP role in addressing this health disparity specifically including the DNP as a provider of direct care and population based care, as a nurse leader, and as a policy maker in reducing this health disparity.

- b. Select the aspect of the DNP role above that you perceive as the most appropriate to effectively reduce the health disparity. Create a plan to reduce the health disparity. Include the following.
  - i. Ways to promote cultural competencies among the people working with the population.
  - ii. A timeline for addressing the disparity.
  - iii. Resources needed to implement the plan
  - iv. An evaluation to assess the effectiveness of the plan.

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N553

**COURSE TITLE:** Seminar in Inter-professional Collaboration

**CREDIT HOURS:** 1 semester credit

**PREREQUISITES:** Graduate standing in the Doctor of Nursing Practice Program or graduate standing in one of the collaborating programs

**FACULTY:** Name

Email Address: xxx

Telephone Number: xxx

**CATALOG DESCRIPTION:**

Emphasis on providing leadership in collaborative efforts among professionals with clients and community partners.

**COURSE DESCRIPTION:** This course focuses on the knowledge and skills necessary for inter-professional collaboration and the development and implementation of collaborative, inter-professional community based projects.

**COURSE OBJECTIVES**

Upon successful completion of the course, the learner will be able to:

1. Define inter-professional health care collaboration.
2. Identify the skills necessary to establish inter-professional teams and assume leadership of them when appropriate.
3. Compare the roles and scope of practice of select health care professionals
4. Develop interpersonal relationships necessary for successful collaborative practice.
5. Create and implement an inter-professional community based project.

**REQUIRED BOOK**

Fleischman, P. (1997). Seedfolks. New York: Harper Collins.

**ELECTRONIC RESERVES**

**The Community Guide** is sponsored by the Centers for Disease Control where you will find "evidence-based recommendations for programs and policies to promote population health". It is a set of resources including a book that identifies proven and promising approaches to population based problems such as obesity, asthma and diabetes.

<http://www.thecommunityguide.org/index.html>

Health Professions Education: A Bridge to Quality

A report by the Institute of Medicine – selected chapters available online

<http://www.iom.edu/CMS/3809/4634/5914.aspx>

Articles as assigned

**WORK LOAD**

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. With distance friendly courses, the in class time is combined with the outside of class time. For instance, with a 3 credit course expect to spend an average of 9 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 9 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

**ATTENDANCE**

There are two required classes that must be attended either in-person or using video stream and instant messaging. All other course work will be web based modules completed by using Blackboard. If you are unable to attend class arrangements must be made with the instructor in advance and a make-up assignment will be required.

**PARTICIPATION**

Class participation must be satisfactory in order to receive a passing course grade. This involves being prepared for and attending class, engaging in class and web based discussions and successful completion of all activities in class and all web based modules.

**LATE ASSIGNMENTS**

Late assignments will not be accepted unless arrangements are made with the faculty in advance.

**WRITING ASSIGNMENTS**

Written assignments should include a cover page and references if indicated. APA 5 format is required by the College of Nursing. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated.

**DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

**ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as 'cheating' in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student's dismissal from the WSU College of Nursing.

**INSTRUCTIONAL STRATEGIES:**

Learning will occur through the use of readings, discussions, in-class activities, web based modules and assignments. The syllabus may be changed as needed to facilitate student learning.

**BLACKBOARD**

You are required to enroll in Blackboard, the web-based portion of the class. You need the user name and password assigned to you by the College of Nursing computing staff to enroll. Go to <http://nursingonline.wsu.edu>. In the middle of the home page there is a link to the instructions to enroll in the course.

**ASSIGNMENTS AND COURSE EVALUATION**

Your course grade will be based on the number of assignments you successfully complete along with full course participation. Completion of three required assignments and full participation is required to earn a grade of B. Optional assignments may be completed to earn a higher grade. Any student who does not attend class and complete in class activities, make up a missed class, complete all web based modules or complete required assignments will have a reduction in grade that may result in failure of the course.

**Required Assignments**

The first two assignments are aspects of developing the community based project proposal.

1. Interviews with health professionals
2. Community based organizations report
3. Collaborative community based project proposal

### **Optional Assignments**

1. Community social or health service project (may be done 1-3 times)
2. Inter-professional practicum (may be done 1 -3 times)
3. Field trip to clinic or health facility for rural, urban or underserved population based on your residence and area of practice (may be done 1-3 times)

### **Grading**

Class attendance for in-person classes and participation in and completion of all web based modules in addition to the following assignments:

- |    |   |
|----|---|
| B  | Three required assignments                    |
| B+ | Three required and one optional assignment    |
| B- | Three required and two optional assignments   |
| A  | Three required and three optional assignments |

## **COURSE SCHEDULE**

### **In-person Class 1 – 9:10 am – 4:00 pm**

#### **Topics**

Overview of inter-professional collaboration

- Models
- Benefits
- Challenges

Introduction to the roles of various professionals

Inter-professional team building

Design of a community based projects

- Identifying community need
- Identifying stakeholders
- Identifying required and available resources
- Issues related to cultural competence
- Designing a project
- Implementing a project

#### **Readings**

- Institute of Medicine. (2003). Health Professions Education: A Bridge to Quality. Chapter 3: Core competencies needed for health care professionals. pp45-74.
- Johnson AW, Potthoff SJ, Carranza L, Swenson HM, Platt CR & Rathbun JR. (2006). CLARION: A novel interprofessional approach to health education.
- Lumague M, Morgan A, Mak D, Hanna M, Kwong J, Cameron C, Zener D & Sinclair L. (2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care*. 20(3): 246-253.
- Norris TE, House P, Schaad D, Mas J & Kelday JM. (2003). Student providers aspiring to rural and underserved experiences at the University of Washington: Promoting team practice among the health care professions. *Academic Medicine*. 78(12): 1211-1216.

### **Web Based Class 1**

1. Health Professions scope of practice and regulation
- Nursing

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79>

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>

Pharmacy

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.64>

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-858>

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-861>  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-863>

Acupuncture

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.06>  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-802>

## 2. Community based project discussion board

### **Topics**

Identifying and prioritizing community needs

Surveys

Focus groups

Key informant interviews

Facilitating collaboration with the community

### **Web Based Class 2**

#### 1. Health Professions scope of practice and regulation

Nutritionists

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.138>  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-822>

Naturopaths

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.36A>  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-836>

Physical therapists

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.74>

## 2. Community based project discussion board

### **Topics**

Developing the community based project

Goals

Measurable outcomes

Financial resources

Human resources

### **Web Based Class 3**

#### 1. Regulation and Practice of Professions

Education

Business

## 2. Community based project discussion board

### **Topics**

Strategies for successful implementation

Evaluation of a community based project

Formative

Summative

### **Web Based Class 4**

Community based project discussion board

### **Topics**

Cultural competence

Effective communication

Among professionals

Between professionals and community members  
Resolving conflict  
Legal and ethical issues

**In-person Class 2 – 9:10 am – 4:00 pm**

1. Group presentations of proposals
2. Analysis of learning from community based project design
  - Identifying community need
  - Identifying stakeholders
  - Identifying required and available resources
  - Issues related to cultural competence
  - Designing a project
  - Implementing a project
  - Evaluating a project
3. Analysis of learning from inter-professional collaboration
4. Leadership in inter-professional collaboration



### **Required Assignments**

The first two assignments are aspects of developing the community based project proposal. The third assignment will be completed as part of a group. Each member of the group will complete assignment 1 and 2 individually based on who the group identifies as key informants and stakeholder groups.

1. Conduct a key informant interview with a health professional in your community. This interview should assess the community's health care needs and provide an opportunity for you to become more familiar with the health professional's background and role in the health care system.
2. Contact two community groups that may be involved in developing the community based project. Collect information about the group's purpose, resources, administration, volunteer base, activities and capacity for participating on a community based project.
3. Design a community based project that will address a health care issue. Be creative! This could be a community garden to provide fresh produce to low income people, a public awareness campaign to promote use of the state's prescription drug assistance program, a program to promote physical activity in the community or a health education program in middle schools to prevent teens from smoking or using drugs. The plan should include the following elements as well as any others relevant to your project.
  - Strategies to build an inter-professional team of community members
  - Identifying a specific community need through key informant interviews
  - Identifying stakeholders
  - Identifying required and available resources
  - Issues related to cultural competence
  - Components of the community project including measureable outcomes
  - Strategies to implement the project
  - Evaluation plan for the project

### **Optional Assignments**

1. Community social or health service project (may be done 1-3 times)  
Volunteer at a local free clinic, food bank, community garden for 4 hours and write a one page summary of your experience and how it engaged you in your community
2. Inter-professional practicum (may be done 1 -3 times)  
Spend 4 hours with another health care professional in his or her practice and write a one page summary of your experience and how it enhanced your understanding of inter-professional collaboration.
3. Field trip to clinic or health facility for rural, urban or underserved population based on your residence and area of practice (may be done 1-3 times). For example, if you live in a rural area visit an urban clinic or if you work with a mainly Caucasian population, visit a tribal health center. Write a one page summary of how the health facility serves the population, differs from the one in which you work and serves the community at large.

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** NURS 565

**COURSE TITLE:** Information Management for Clinical Practice

**CREDIT HOURS:** 3 credits

**PREREQUISITES:** Admission to the graduate program, prior graduate statistics course, and/or permission of instructor. A working knowledge of online learning strategies and familiarity with Blackboard is expected.

**FACULTY:** Kenn B. Daratha, Ph.D.  
Phone: (509) 324-7405  
Email: kdaratha@wsu.edu  
Office hours: Thursdays, 10:00 a.m. - Noon

Don Laack, RN, MS  
email: dlaack@vancouver.wsu.edu  
email: dlaack@peacehealth.org

**CATALOG DESCRIPTION:** Application/evaluation of health informatics; use for management of data in clinical practice, research, education and administration.

**COURSE DESCRIPTION:** This course introduces graduate students to the field of informatics and the role information technology plays in supporting health practice, education, administration and research. Informatics principles and tools are introduced to help students prepare to meet the challenges of health care in a rapidly changing information technology environment while continuing to strive to improve clinical care and health outcomes.

**OBJECTIVES:**

1. Evaluate clinical, ethical, regulatory and technological considerations related to design, development and use of information systems to improve clinical care and advance the science of health care.
2. Analyze contributions of information science, computer science, cognitive science and the human-technology interface to health informatics.
3. Apply selected theoretical models to acquire, process, and generate knowledge from data for evidence based practice
4. Evaluate contributions of various types of information technologies and tools to health science research and education.
5. Synthesize, reflect and present evidence of learning related to the use of information technology.

**REQUIRED TEXTBOOKS:**

McGonigle and Mastrian, *Nursing Informatics and the Foundation of Knowledge*, Jones and Bartlett, 2009

**DISABILITY STATEMENT:** Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

**ACADEMIC HONESTY:** As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic

integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

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**INSTRUCTIONAL STRATEGIES:** Course is offered through a combination of onsite class meetings, AMS and video stream, web-conferences, and blackboard sessions. See the complete schedule of class meetings in this course syllabus.

**UNFORSEEN CIRCUMSTANCES:** In the event of bad weather or other unforeseen circumstances, call the Emergency Notification Hotline at 509-323-2474 for up-to-date information about WSU Spokane campus closures. Should the need arise to cancel a class session, I will do my best to keep you posted electronically (assuming our servers have power).

**EVALUATION:**

- **Assigned Class Readings 8 Class Readings @ 25 points each = 200 points**  
During class meetings #2 - #9 a reflection paper based on assigned readings is due before the start of class. First, choose the appropriate area of interest (clinical practice, education, research or administration) for your paper. Your area of interest will vary depending on the assigned reading. For example, the first class reading paper (CRP) is related to Informatics and Nursing Education (chapter 22) and E-Portfolios (chapter 23). Second, synthesize major concepts from the assigned reading into a single topic sentence. For example, “E-Portfolios have become a very useful tool in the clinical educational setting.” Third, provide 3-5 ‘evidence’ statements (drawn from your own experience and from assigned readings) to support this topic sentence. Fourth, write your analytical statement answering the broader question, “What does this all mean”? For example, “Information technology improves learning outcomes by providing the tools necessary for students to synthesize, reflect, and present evidence of their learning.”

Construct	Description	Maximum Points
Topic Sentence	Clear statement of synthesized material from assigned reading.	5
Evidence	3-5 sentences that clear support the topic sentence drawn from personal experience and/or assigned reading.	10
Analysis	The final sentence in the paragraph to answer the broader question, “What does this all mean?”	5
Conventions	Times New Roman, 12 point, double spaced, correct file name, spelling, grammar.	5

The file name of your class reading papers (CRP) are standardized as follows:

NURS565\_ClassReading2\_YourLastName.doc. Please note a class reading paper is not required for the first class meeting. The first class reading paper (titled NURS565\_ClassReading2\_YourLastName.doc) is due in the digital drop box before class begins on 1/22/08.

- **Exercises 4 Exercises @ 50 points each = 200 points**  
On 4 class meetings class time will be set to demonstrate hands-on information technology techniques and skills. An exercise will be assigned during this session that will be due in the digital drop box prior to the

start of the next class meeting. The file name of the class exercises are standardized as follows:  
NURS565\_Exercise1\_YourLastName.doc.

- E-Portfolio**

**1 E-Portfolio @ 100 points teach = 100 points**

Your personal E-Portfolio presents your web-based collections of evidence of knowledge and skills. You are free to *collect*, *select*, and *reflect* in any manner you deem appropriate to demonstrate learning that meets course objectives. You will be assigned duties to *connect* and provide feedback for other students in this course on their e-portfolios. Failure to provide feedback on your assigned portfolio by the assigned date will result in forfeiture of course points for your own e-portfolio.

The following rubric will be applied to the evaluation of your e-portfolio for the first 4 course objectives.

Construct	Description	Maximum Points
Organization	Learning objective clearly and easily identified	5
Content Selected	Appropriate course content and additional information drawn from personal and professional work experience clearly demonstrate evidence of learning consistent with the stated objective.	10
Reflect	Presence of reflective commentary on why this learning objective and the evidence presented is important.	5
Style	Creativity and visual aesthetics.	5

#### GRADING SCALE:

Percent	Points	Grade	Percent	Points	Grade
95-100	475-500	A	73-75	365-379	C
90-94	450-474	A-	70-72	350-364	C-
86-89	430-449	B+	66-69	330-349	D+
83-85	415-429	B	60-65	300-329	D
80-82	400-414	B-	0-59	0-299	F
76-79	380-399	C+			

**SCHEDULE:**

#	Thursday Meeting Date	Schedule of Event(s)	Assignments (Before Class)
1	Jan. 15 (AMS)	Course Welcome and Introduction Nursing Science & Foundation of Knowledge Model	McGonigle Chapter 1
2	Jan. 22	Informatics and Nursing Education E-Portfolios Exercise: Project Management	McGonigle Chapter 22-23  CRP #1 Due
3	Jan. 29 (AMS)	Introduction to Information Science Introduction to Computer Science	McGonigle Chapter 2-3  CRP #2 Due Exercise #1 Due
4	Feb. 5	Introduction to Cognitive Science Human-Technology Interface Exercise: Staffing & Spreadsheets	McGonigle Chapter 4 Chapter 5  CRP #3 Due
5	Feb. 12 (AMS)	Introduction to Nursing Informatics	McGonigle Chapter 6-9  CRP #4 Due Exercise #2 Due
6	Feb. 19	Ethical Applications of Informatics Health Insurance Portability and Accountability Act (HIPAA) Information Security Exercise: Database & SQL	McGonigle Chapter 10-12  CRP #5 Due
7	Feb. 26 (AMS)	Clinical Information Systems Electronic Health Record	McGonigle Chapter 13-15  CRP #6 Due Exercise #3 Due
8	Mar. 5	Consumer Health Information Promoting Community Health Home Telehealth Exercise: Data Mining	McGonigle Chapter 16-19  CRP #7 Due
9	Mar. 12	Nursing Research: Data Collection, Processing and Analysis Translational Research	McGonigle Chapter 20-21  CRP #8 Due Exercise #4 Due
	Mar. 19	<b>SPRING BREAK NO CLASS MEETING</b>	
10	Mar. 26 (Video stream)	Open Source Portfolio Demonstrations	Portfolio Feedback

11	Apr. 2 (Video stream)	Open Source Portfolio Demonstrations	Portfolio Feedback
12	Apr. 9 (Video stream)	Open Source Portfolio Demonstrations	Portfolio Feedback
	Apr. 16	<b>INLAND NORTHWEST HEALTH SCIENCES RESEARCH SYMPOSIUM NO CLASS MEETING</b>	
13	Apr. 23 (Video stream)	Open Source Portfolio Demonstrations	Portfolio Feedback
14	Apr. 30 (Video stream)	Open Source Portfolio Demonstrations	Portfolio Feedback

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N576

**COURSE TITLE:** Organizational systems and leadership: Seminar and Practicum

**CREDIT HOURS:** 2 total: 1 credit for practicum, 1 credit for seminar

**PREREQUISITES:** N518, N507, N511, N512, N565, N539, N91 or permission of instructor

**FACULTY:** Merry Armstrong  
Email Address: armstrong@wsu.edu  
Telephone Number: 509.324.7241

**CATALOG DESCRIPTION:** Analysis and application of leadership principles and management modeling to doctoral nursing practice environments.

**COURSE DESCRIPTION:** Students will apply concepts of organizational modeling to their practicum site. Each student will identify a clinical problem or care delivery problem at their facility or organization, and develop an organizationally and fiscally feasible proposal to address this issue. Using a selected conceptual model discussed in this class, students will incorporate concepts of teamwork, change theory, interdisciplinary collaboration, evaluation, and supervision into the plan.

**OBJECTIVES:**

1. Analyze and apply a variety of organizational frameworks to the practicum placement environment.
2. Develop a personal theory of management and leadership
3. Formulate a personal development plan based on analysis of DNP career goals and leadership strengths.
4. Develop a proposal for a change project within the practicum environment using a selected framework and include elements of teamwork, interdisciplinary collaboration, evaluation, and supervision.

**TOPICS:**

*Organizations and Systems:* Analysis of organizations and metaphors for understanding, system management including working with accrediting organizations and quality management

*Communication:* Change theory, conflict management and negotiation.

*Leadership:* managing teams, managing self, leadership within management structures, maximizing diversity and cultural variety of today's workplaces.

**COURSE POLICIES:**

**Student Materials**

**BOOKS, SOFTWARE, OR OTHER COURSE MATERIALS**

Derby, E. (2008) *Agile Retrospectives: Making Good Teams Great*. Pragmatic Bookshelf Publishers.

Morgan, G. (2006). *Images of Organizations*. Newbury Park, Sage Publications

Malloch & O'Grady (2005). *The Quantum Leader: Applications for the New World of Work*. Boston, Jones & Bartlett, Publishers

O'Grady & Malloch (2007). *Quantum Leadership: A Resource for Health Care Innovation* (2nd ed.) Boston, Jones & Bartlett, Publishers

Yoder-Wise & Kowalski (2006). *Beyond Learning and Managing: Nursing Administration for the Future*. St. Louis, Mosby-Elsevier Press (2 chapters in 3 reserves)

Fisher, Ury, & Patton (1993). *Getting to Yes* (2nd ed). Penguin Books

Ury, (2007). *The Power of a Positive No: How to Say No and Still Get to Yes*. New York, Dell Publications

**ELECTRONIC RESERVES**

*Harvard Business Review E Books* (available through WSU NetLibrary)

*Change*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=17087>

### *Managing People*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=17093>

### *Leadership*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=17090>

### *Measuring Corporate Performance*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=17091>

### *Negotiation and Conflict Resolution*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=26851>

### *Crisis Management*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=26848>

### *Corporate Strategy*

<http://www.systems.wsu.edu/scripts/wsual.pl?http://www.netlibrary.com/uralpi.ask?action+summary&v=1&bookid=17088>

Caramancia, Cousino, & Petersen (2003) Four elements of a successful quality project; alignment, collaboration, evidence-based practice, and excellence. *Nursing Administration Quarterly*, 27(4), 336

Edmondson, A (2008) The competitive imperative of learning. *Harvard Business Review*, Vol. 86 Issue 7/8, p60

Knapp, M, & Lowe, J. (2001). Community-based health improvement: lessons from the Learning for Action Institute, Simmons College. *Quality Management in Health Care*, 9(4), 11-23

Kurtzman, E, & Corrigan, J. (2007). Measuring the contribution of nursing to quality, patient safety, and health care outcomes. *Policy, Politics, and Nursing Practice* 8(1), 20-36

Landrum, L., & Baker, S. (2004). Managing complex systems: performance management in public health. *Journal of Public Health Practice*, 10(1), 13-18

Mancini, (2006). Working with regulatory and accrediting bodies. In *Yoder-Wise & Kowalski, Beyond Leading and Management*.

Salman, G. (2005). Continuous quality improvement in rural health clinics. *Journal of General Internal Medicine*. 20(9), 862-865

Schwaber, K. (2007). Agile project management with scrum. Microsoft Books

Skinner, W. (1981) Big hat, no cattle. *Harvard Business Review* 59(5), 106-114

Weiss, W., & Arnesen, D. (2006). Weight discrimination; the next workplace brouhaha. *Academy of Health Care Management Journal* 2006, Vol. 2, p111-124

### **PRACTICUM EXPECTATIONS:**

Negotiate with your instructor regarding a site you choose to use as your practicum for this course. Your preceptor should have a mid-level or executive management position in a facility or organization that provides health care to a population or to individuals.

### **PRACTICUM OBJECTIVES:**

1. Identify a particular clinical problem or impediment to care delivery at the facility or within the organization, using an organizational model or framework discussed in this class.

2. Develop a plan for change to address the problem you have identified. Proposed interventions should be aligned with the framework you have chosen.



3. Prepare a formal paper proposal for adoption of this model that is fiscally and organizationally feasible, using a systems framework discussed in this class. Include concepts of change, teamwork, interdisciplinary collaboration, and evaluation measures.

### WORK LOAD

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. For instance, with a 3 credit course expect to spend an average of 6 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 6 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

### ATTENDANCE

Attendance is expected at all class meetings and practicum hours.

### PARTICIPATION

Class participation is different from attendance.

Class Participation Rubric: The following rubric is adapted from one recommended for graduate level business seminars by the AACSB, and will form the basis for evaluation of student participation in this course. Students should be rated at a level of 2 or above in all categories and 3 or above in at least 3 categories to receive a satisfactory evaluation.

	3	2	1	0
<b>Attendance / Promptness</b>	Student is <b>always</b> prompt and regularly attends classes.	Student is late to class <b>once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once a week</b> and/or has poor attendance of classes.
<b>Level Of Engagement In Class</b>	Student proactively contributes to class by offering ideas and asking questions <b>more than once</b> per class.	Student proactively contributes to class by offering ideas and asking questions <b>once</b> per class.	Student <b>rarely</b> contributes to class by offering ideas and asking questions.	Student <b>almost never</b> contributes to class by offering ideas and asking questions.
<b>Listening Skills</b>	Student listens when others talk, both in groups and in class. Student <b>incorporates or builds off</b> of the ideas of others.	Student <b>listens</b> when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class. Student often <b>interrupts</b> when others speak.
<b>Preparation</b>	Student is <b>almost always</b> prepared for class with assignments and required class materials.	Student is <b>usually</b> prepared for class with assignments and required class materials.	Student is <b>rarely</b> prepared for class with assignments and required class materials.	Student is <b>almost never</b> prepared for class with assignments and required class materials.

## **LATE ASSIGNMENTS**

Late assignments will be downgraded by 10% for each day that they are late. An assignment is considered late if it is posted after midnight your time zone on the day it is due. If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact me to negotiate for an alternative submission date.

## **WRITING ASSIGNMENTS**

All papers must adhere to APA Manual. Written assignments must include a cover page, abstract, and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated. *\*Please also ensure all written assignments have a defined summary at the end of the paper.*

## **DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

## **ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

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## **HIPAA INFORMATION**

<http://www.hhs.gov/news/facts/privacy.html>

## **INSTRUCTIONAL STRATEGIES**

Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through faculty directed discussion boards.

**GRADING FORMULA** I will not round grades numerically (either up or down) when it comes to graded papers and projects. I will not round on final grades. For example, final grade of 89.0 will be considered a B; however, other factors such as the quality of your participation will be considered.

Your overall class participation grade is based upon your general comments and interactions in all the forums, your Discussion Question inputs to the Main Forum, and your weekly overviews. You will get a chance to submit your own answers to the Discussion Questions as well as selectively comment on the submissions of interest made by other students. You will be asked to evaluate your own learning and class participation; instructor retains grading responsibility. Your Discussion Question responses are worth 5%, the timeliness and quality of your comments to other student Discussion Question response are worth 5%, and your weekly overviews are worth 5%. The average for these grades will equal 15% of your final grade. I will give you weekly feedback using points to let you know how you are doing. For example, if you provide great answers to the discussion questions participate actively and thoughtfully in the discussions and demonstrate what you have learned in your weekly summary, then you will have earned your full 3 points for the week!!

## GRADING

95-100 = A	76-79 = C+
90-94 = A-	73-75 = C
86-89 = B+	70-72 = C-
83-85 = B	66-69 = D+
80-82 = B-	60-65 = D
	0-59 = D-

## EVALUATION

Grading of the theory component of the course will be based upon the quality of the student's attainment of the required activities listed below:

1. (25%) Consistent, timely participation in activities, based upon reflective, thorough preparation.
2. (20%) Weekly theory application to practicum experiences and observations.
3. (20%) Current self assessment and self-management plan for the future -based on online testing for multiple intelligences and learning style, vision for DNP role in the future, points of strength, and learning needs.
4. (35%) Formal Paper: Change Proposal

## COURSE SCHEDULE

1.	Introduction Organizations & Systems	Images of Organizations (IOO) intro & ch 2 at Bibliographic notes for each assigned chapter, you will find additional resources. <b>* note each week the student is expected to apply concepts from readings and other activities to practicum environment. Readings are starting points, explore additional resources for your interests and settings.</b>  Topics Introduction of systems and metaphor for organizational modeling
2.	Organizations & Systems Org. Assessment	IOO ch 3 orgs as organisms (optional) IOO ch 4, Learning and self-organization: organizations as brains Ch 1, Quantum Leadership, thriving in complexity  Topics Organizational Assessment, Organization as Cybernetic System, Leadership in Complex Systems,
3.	Organizations & Systems Roles	American Organization of Nurse Executives competencies, available at <a href="http://www.aone.org">www.aone.org</a> - go to resources, find competencies and assessment tool IOO ch 6. Interests, conflict, and power: organizations as political systems Student to complete online assessment of multiple intelligences, and learning styles, see <a href="http://pss.uvm.edu/pss162/learning_styles.html">http://pss.uvm.edu/pss162/learning_styles.html</a> , or <a href="http://www.educationplanner.com/education_planner/discovering_article.asp?sponsor=2859&amp;articleName=Learning_Styles_Quiz">http://www.educationplanner.com/education_planner/discovering_article.asp?sponsor=2859&amp;articleName=Learning_Styles_Quiz</a>  Topics Organizations as political systems, power within systems, competencies expected of nurse executives according to AONE, self-assessment of learning styles
4.	Leadership Self Management	Student to complete online Myers Briggs Inventory <a href="http://www.personalitypage.com/indicate.html">http://www.personalitypage.com/indicate.html</a> , google myers briggs, there are other sites Ch 8 QLeadership: Emotional Competence: Vital Leadership Skill Ch 8 The Quantum Leader The Leader as Mentor and Coach  Topics Self-assessment of styles of acquiring and understanding information, interpersonal competence required in leadership, mentoring and coaching roles

5.	Change	<p>HBR e book, On Change Choose 2 articles Ch 3 QLeadership, The Leader as Peacemaker: Managing the conflicts of a multifocal workplace Skinner, W. (1981) Big hat, no cattle. Harvard Business Review 59(5), 106-114</p> <p>Topics Change theory, change within systems, effective management of change</p>
6.	Change	<p>IOO Ch 8 Unfolding Logics of Change: Organization as Flux and Transformation HBR e book, On Leadership Choose 2 articles</p> <p>Topics Change theory, change within systems, impacting change from a systems viewpoint</p>
7.	Diversity	<p>IOO Ch 5. Creating Social Reality; Organizations as Cultures HRB e book Managing People, Thomas &amp; Ely - Making differences matter, a new paradigm for managing diversity, and Manzoni &amp; Barsoux, The set-up-to-fail syndrome. Weiss, W., &amp; Arnesen, D. (2006). Weight discrimination; the next workplace brouhaha. Academy of Health Care Management Journal 2006, Vol. 2, p111-124,</p> <p>Topics Diversity in the workplace, workplace as culture, culture within workplace, change theory</p>
8.	Conflict Management	<p>HBR e book Negotiation and Conflict Management Choose 2 articles M&amp;P ch 3, Effective Conflict</p> <p>Topics Leadership role in identifying and addressing conflict</p>
9.	Conflict	<p>IOO Ch 7. Exploring Plato's Cave: Organizations as Psychic Prisons Y&amp;K ch 17 Governing and Being Governed</p> <p>Topics Evaluation of organization using change theory, leadership and human resources management. <i>Outline for change project due</i></p>
10.	Conflict	<p>Ury (2007) The Power of a Positive No: How to Say No and Still Get to Yes. Fisher, Ury, &amp; Patton (1993) Getting to Yes, selected chapters</p> <p>Topics Negotiation and interpersonal skills in conflict identification and resolution Assessment of problem and framework for action</p>
11.	Teams	<p>QLeadership (2nd ed) p. 130-144 ,Dynamic Cybernetic Adaptive Team Model Schwaber, K. (2007). Agile project management with scrum. Microsoft Books</p> <p>Topics Working with teams in a diverse workplace, Agile Management Techniques</p>
12.	Teams	<p>O'Grady, Alexander, Blayloc, Minkara, &amp; Surel, Constructing a team model: creating a foundation for evidence-based teams. NAQ 30(3), 211-220 Derby, E. (2008) Agile Retrospectives: Making Good Teams Great. Pragmatic Bookshelf Publishers. Edmondson, A (2008) The competitive imperative of learning. Harvard Business Review, Vol. 86 Issue 7/8, p60 Landrum, L., &amp; Baker, S. (2004). Managing complex systems: performance management in public health. Journal of Public Health Practice, 10(1), 13-18</p>

		<p>Topics</p> <p>Cybernetics and application to team functioning</p> <p><i>1st draft of change project due</i></p>
13.	Quality Management	<p>IOO Ch 9. The Ugly Face: Organizations as Instruments of Domination</p> <p>Knapp, M, &amp; Lowe, J. (2001). Community-based health improvement: lessons from the Learning for Action Institute, Simmons College. <i>Quality Management in Health Care</i>, 9(4), 11-23</p> <p>Caramancia, Cousino, &amp; Petersen (2003) Four elements of a successful quality project; alignment, collaboration, evidence-based practice, and excellence. <i>Nursing Administration Quarterly</i>, 27(4), 336-343</p> <p>Topics</p> <p>Evaluation of health improvement initiatives, framework for evaluation</p>
14.	Quality Management	<p>Kurtzman, E, &amp; Corrigan, J. (2007). Measuring the contribution of nursing to quality, patient safety, and health care outcomes. <i>Policy, Politics, and Nursing Practice</i> 8(1), 20-36</p> <p>Salman, G. (2005). Continuous quality improvement in rural health clinics. <i>Journal of General Internal Medicine</i>. 20(9), 862-865</p> <p>Mancini, (2006). Working with regulatory and accrediting bodies. In Yoder-Wise &amp; Kowalski, <i>Beyond Leading and Management</i>.</p> <p>Student to select additional relevant article for their practicum site</p> <p>Topics</p> <p>Application of CQI to practicum environment</p>
15.		IOO Ch 11, Reading and Shaping Organizational Life / Practicum Assignment Due

### INSTRUCTIONAL STRATEGIES

Students and faculty will collaboratively create individualized practicum experiences in settings which will allow each student the opportunity to attain the objectives in a fashion uniquely their own.

### EVALUATION

Attainment of the objectives will be evaluated based upon the individual student's documentation of their practicum experiences. Contribution of the practicum to the overall course grade is shown below.

Theory Credits	Practicum Credits	% of Grade from Practicum
3	0	0%
3	1	25%
3	2	40%

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N580

**COURSE TITLE:** DNP Immersion Practicum

**CREDIT HOURS:** 1 credit required, 1-5 elective credits  
45 hours of practice are required for each enrolled credit

**PREREQUISITES:** N518, N507, N512, N565, N539, N591

**COREQUISITES:** N576

**FACULTY:** - Your Name  
Email Address: xxx  
Telephone Number: xxx

**CATALOG DESCRIPTION:**

Integration and synthesis of practice inquiry, leadership and advanced practice to demonstrate competency in an area of advanced practice nursing.

**COURSE DESCRIPTION:**

This immersion practicum for DNP students provides a learning experience for the integration and synthesis of practice inquiry, leadership and advanced practice. The practicum occurs in an area of advanced practice consistent with the student's personal learning objectives and program outcomes. The personal learning objectives serve as the basis for evaluation of the immersion practicum.

**OBJECTIVES**

1. Formulate individualized, outcome-based learning objectives for use in developing a plan to integrate the essentials of doctoral preparation in advanced practice nursing.
2. Evaluate and integrate relevant theories and evidence-based research findings to guide decision making, implementation and evaluation of the practicum
3. Apply principles of cultural competence to the synthesis of advanced practice, leadership and practice inquiry.
4. Demonstrate advanced skills in leadership, decision-making, advocacy and professionalism consistent with advanced practice nursing role.
5. Design, implement and coordinate the delivery of advanced nursing practice to reduce health care disparities and enhance health care outcomes.

**COURSE POLICIES**

**BOOKS:** No required texts. Recommended readings will be provided by students and faculty via Blackboard.

**BLACKBOARD:**

A discussion board will be maintained by the faculty and students to share learning experiences and applicable readings.

**DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

## **ACADEMIC HONESTY**

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## **COURSE REQUIREMENTS**

Forty-five (45) practice hours are required for each credit in which the student is enrolled. The total number of practice hours will be determined by the student and supervisory committee and based on the area of specialization. Each student must submit a set of measurable learning objectives for faculty approval prior to beginning the immersion practicum experience. After the objectives are approved, they will be submitted to the practicum preceptor by the student. Practice hours completed prior to approval of the objectives will **NOT** be applied towards the total hours for which the student is enrolled. A set of objectives is required for each practice site. Each student is required to provide faculty with the name and contact information for each preceptor as well as a schedule of practice dates and times. The student is required to advise faculty of any changes to the schedule.

Depending on the practicum, faculty may make a site visit to observe the student in practice and/or to meet with the student and preceptor. Additional site visits will be made if deemed necessary by the faculty, preceptor or student. Each student will be advised by the faculty regarding type of documentation required for periodic evaluation of the practicum learning objectives. Participation in discussion board modules posted on Blackboard by course faculty and students is required.

## **EVALUATION**

This course is evaluated on a pass/fail basis utilizing a combination of self, preceptor and faculty assessment of satisfactory attainment of objective outcomes. Students must maintain a learning objective based log of the practicum experiences in a format specified by practicum faculty. Faculty will specify the format for the student's self evaluation and determine if additional documentation beyond the log and evaluations is required. Successful completion of practice hours, submission of required documentation and participation in discussion board forums by the date specified by course faculty is required to receive a passing grade in this course.

### **Discussion Board Forums:**

**Topic 1:** Discuss an example of successful implementation of an innovation in your practicum setting. How does one determine who is an early adopter/innovator? Include in the discussion evidence based practice articles from peer-reviewed journals and appropriate theoretical underpinnings of successful change/adoption of innovation.

**Topic 2:** Discuss the role of the DNP educated APN in advancing principles of cultural competence in your practicum setting. Include relevant theories and evidenced based practice articles from peer-reviewed journals in your discussion.

**Topic 3:** What is the role of the APN in your practice setting re: Advocacy for clients experiencing health care disparities? Include discussion of relevant theories and evidence based practice.

**Topic 4:** Self-Reflection: Discuss your personal evolution as you pursue advanced education as an APN. How is the process changing your world views?

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** NURS 591

**COURSE TITLE:** Mixed Methods for Outcomes Evaluation

**CREDIT HOURS:** 2 semester credits theory

1 semester credit practicum (45 hours spent in completing IRB preparation and data collection for evaluation project)

**PREREQUISITE/COREQUISITE:** Permission of the instructor.

**FACULTY:** Linda Eddy, Ph.D., RN, CPNP  
Office: WSU Vancouver, CL208S  
Telephone: 360-546-9625 (office)  
Home: 360-687-8551  
e-mail: [eddy@vancouver.wsu.edu](mailto:eddy@vancouver.wsu.edu)

**CATALOG DESCRIPTION:** Outcomes and evaluation in nursing and healthcare will be addressed from a mixed methods and application perspective.

**COURSE DESCRIPTION:** Outcome measurement is essential to health research, clinical care, and nursing education. Strategies for assessing relevant outcomes will be evaluated. Methods to incorporate sensitive outcome measures into clinical, research, and educational endeavors will be analyzed. Ethnocentricity and the relevance of interventions and quantitative and qualitative outcomes measures to diverse populations, nursing and healthcare worldwide will be critically reviewed.

**OBJECTIVES:**

1. Identify key features, issues and current trends in the science of outcome measurement for programs and curricula..
2. Evaluate methods used to develop process and outcome evaluation and the applicability to diverse and global populations.
3. Analyze outcomes used or proposed for use in students' research and in their institutions (clinical or educational).
4. Develop (and pilot test) a nursing outcome proposal that is appropriate for the dominant culture and at least one ethnically diverse group.

**REQUIRED TEXTBOOKS:**

1. Guba, E.G. & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Newbury Park: Sage Publications.
2. Grembowski, D. (2001). *The Practice of Health Program Evaluation*. Newbury Park: Sage Publications.
3. Patton, M.Q. (2001). *Qualitative Research and Evaluation Methods*. Newbury, Park: Sage Publications.
4. Additional relevant readings assigned by faculty during the semester.
5. APA. (2001). *Publication Manual of the American Psychological Association, 5<sup>th</sup> edition*. Washington, D.C.: APA.

**RECOMMENDED TEXTBOOK:**

Institute of Medicine. 2001. *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*, 1-38.  
Washington DC: National Academy Press.

**DISABILITY STATEMENT**

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**INSTRUCTIONAL STRATEGIES:** Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through faculty directed discussion boards. Guest speakers will present perspectives on significant issues in program and curriculum evaluation. Students will be expected to meet with the instructor the semester prior to enrolling in the course to begin preparing Institutional Review Board paperwork for evaluation projects.

**WRITING ASSIGNMENTS:** All papers must be completed in APA format (see APA manual). Papers must include cover page, abstract, and reference page. Give credit to others for their work through correct citation format in text.

**EVALUATION:** Grading of the course will be based upon the quality of the student’s attainment of the required activities listed below:

1. (20%) Attend and participate in classes and online sessions. Complete assigned readings and preparatory work prior to class. Offer consistent, timely, and thoughtful contributions to online discussions and other activities, based upon reflective, thorough preparation.
2. (80%) Design and complete a simple, clinically or educationally-relevant program evaluation that is preferably related to student’s research or practice areas of interest. Paper and oral presentation of final product due in class Week 14.

**ACCESS TO ADDITIONAL REQUIRED READINGS:** Required readings beyond the two textbooks have been placed into a new software program (E-Res). I suggest you locate and bookmark the web site with your browser. The web site is <http://eres.wsulibs.wsu.edu/coursepage.asp?cid=94>. The password will be posted by the first class meeting. This will give you access to the list of readings, and from there you can directly access all readings that are available in electronic form, which should be everything beyond the required texts.

**Schedule:**

Week	Topic	Required Preparation
1	<b>Course Orientation</b> <b>Conceptual:</b> Foundations of evaluation theory and practice	Grembowski, Ch. 1-2 Patton Ch. 1 Guba & Lincoln, Ch. 1
2	<b>Conceptual:</b> History of evaluation theory Diverse approaches in health and curriculum evaluation <b>Application:</b> Outcome indicators, questionnaires, data management, observer rating, Differentiating outcomes and objectives.	Patton Ch. 2-4 Grembowski Ch. 3 Guba & Lincoln, Ch. 2-4
3	<b>Conceptual:</b> Role of evaluation in program improvement, ethics and reporting in evaluation, meta evaluation <b>Application:</b> Extraction forms	Grembowski Ch.4-6 Patton Ch. 5-7 Guba & Lincoln, Ch. 4-5
4	<b>Conceptual:</b> Relation of evaluation to standards of clinical care, education, research conduct. Benchmarking. <b>Application:</b> Participant/naturalistic methods. Exhibits.	Grembowski. Ch. 7-8 Guba & Lincoln, Ch. 6 IOM (on reserve) Ch. 6 and exec. summary

5	<p><b>Conceptual:</b> Discipline and systematicity in evaluation. Cultural competency and sensitivity in evaluation.</p> <p><b>Application:</b> Educational evaluation methods. Clinical evaluation methods.</p>	<p>Selected journal articles (on eres)</p> <p><a href="http://www.eval.org/Guiding%20Principles.htm">http://www.eval.org/Guiding%20Principles.htm</a></p> <p><a href="http://www.wmich.edu/evalctr/jc/">http://www.wmich.edu/evalctr/jc/</a></p>
6	<b>Application: Data Analysis</b>	<p>Grembowski, Ch. 9</p> <p>Guba &amp; Lincoln, Ch. 7</p> <p>Patton, Ch. 8-9</p>
7	<p><b>Conceptual:</b> Nursing Outcome Classification. Monitoring evaluation process and flow.</p> <p><b>Application:</b> Comparative analysis. Use of benchmarks vs. comparison groups. Data Interpretation.</p>	<p>Guba &amp; Lincoln, Ch. 9</p> <p>Lincoln &amp; Guba (1985) on eres, Ch. 11-13</p> <p><a href="http://www.intl.elsevierhealth.com/catalogue/title.cfm?ISBN=0323023916">http://www.intl.elsevierhealth.com/catalogue/title.cfm?ISBN=0323023916</a> (on eres)</p>
8	<p><b>Conceptual:</b> Context and boundary setting in evaluation. Evaluation and evidence-based practice and teaching.</p> <p><b>Application:</b> Evaluation reporting, including stakeholders and ethical considerations. Issues and criteria for ID questions.</p>	<p>Grembowski. Ch. 10</p> <p><a href="http://www.stanford.edu/~davidf/empowermentevaluation.html">http://www.stanford.edu/~davidf/empowermentevaluation.html</a> (selected readings on eres)</p>
9	Discussion of student evaluation proposals.	
10	Spring Break	Relax a bit!
11	Weeks 11-13 will consists of individual or small group work on evaluation projects with faculty mentoring.	
12	Continue with project preparation/mentoring.	
13	Continue as above.	
14	<b><i>In class presentation of evaluations.</i></b>	
15		

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N505

**COURSE TITLE:** Nursing Practice Inquiry

**CREDIT HOURS:** 1 credit (1 - 4 practicum)

**PREREQUISITES:** N518, N507, N511, N512, N565, N539, N576,

**COREQUISITES:** N580

**FACULTY:** - Your Name

Email Address: xxx

Telephone Number: xxx

**CATALOG DESCRIPTION:**

Analysis and development of a practice inquiry proposal based on the practice concern of interest to the student.

**COURSE DESCRIPTION:** This course develops the knowledge base fundamental to understanding the current state of nursing science regarding the practice concern of interest to the student and the development of a translational plan using a multidisciplinary approach to improve the health of the population of interest. The practicum experience and literature review will be used to assess and evaluate pertinent factors related to the practice concern, including ethical, cultural, and financial analyses. Practicum hours are directed toward assessing the population and system while leading a multidisciplinary team in the planning stages.

**OBJECTIVES**

1. Identify a practice concern related to the student's specialty and personal goals for the DNP program.
2. Explain the scientific underpinnings related to the practice concern through a comprehensive literature review and critique of: scientific research and evidence-based practice guidelines; evaluation of health care policy; the population and system; ethical, cultural and financial factors; and an evaluation of the role of the DNP.
3. Incorporate information systems and/or technology in the practice inquiry proposal that will improve and transform health care.
4. Demonstrate organization and systems leadership for quality improvement and systems change by leading a multidisciplinary team during the planning phase of the practice inquiry proposal.
5. Develop practice scholarship and analytical methods for evidence-based practice through writing a proposal that includes expected outcomes and a timeline for implementation and evaluation of the project.

**TOPICS:**

Knowledge of the Healthcare Environment: Population analyses, Evidenced-based practice, Measurement of outcomes, Budgetary models, Quality improvement, System management, Business skills, Ethics

Communication and Relationship Management: Effective communication, Relationship management (academia, community, health care organizations), Diversity, Shared decision making, Interdependent management, Multidisciplinary group management, Leadership, Professionalism

Proposal Development: Planning, writing and presenting proposals, Evaluation planning, Quantitative/Qualitative measurements, Statistics

## POLICIES:

### Student Materials

Smith, P., Trudi, J., Lorentzon, M., & Pope, R. (2004). *Shaping the facts of evidence-based nursing and health care*. New York: Churchill Livingstone.

### WORK LOAD

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. For instance, with a 3 credit course expect to spend an average of 6 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 6 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

**ATTENDANCE** – Students are expected to be punctual in attendance. Absence from a class session will result in a participation point reduction. Planned absences must be discussed with me prior to the missed class and may entail an additional assignment if participation points are to be regained.

**PARTICIPATION** – Class participation is different from attendance.

Class Participation Rubric: The following rubric is adapted from one recommended for graduate level business seminars by the AACSB, and will form the basis for evaluation of student participation in this course. Students should be rated at a level of 2 or above in all categories and 3 or above in at least 3 categories to receive a satisfactory evaluation.

	4	3	2	1
<b>Attendance / Promptness</b>	Student is <b>always</b> prompt and regularly attends classes.	Student is late to class <b>once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once a week</b> and/or has poor attendance of classes.
<b>Level Of Engagement In Class</b>	Student proactively contributes to class by offering ideas and asking questions <b>more than once</b> per class.	Student proactively contributes to class by offering ideas and asking questions <b>once</b> per class.	Student <b>rarely</b> contributes to class by offering ideas and asking questions.	Student <b>never</b> contributes to class by offering ideas and asking questions.
<b>Listening Skills</b>	Student listens when others talk, both in groups and in class. Student <b>incorporates or builds off</b> of the ideas of others.	Student <b>listens</b> when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class. Student often <b>interrupts</b> when others speak.
<b>Preparation</b>	Student is <b>almost always</b> prepared for class with assignments and required class materials.	Student is <b>usually</b> prepared for class with assignments and required class materials.	Student is <b>rarely</b> prepared for class with assignments and required class materials.	Student is <b>almost never</b> prepared for class with assignments and required class materials.

**Blackboard-based participation:**

To earn full credit for participation and online discussions in this course, students will:

- Log on to the class Blackboard™ website a *minimum* of two times per week.
- Complete all assignments on time and within assigned parameters.
- Participate *academically* in all interactive experiences – posting to online discussion topics on Blackboard, participating in module activities, etc. *Academic participation* means that students will not simply share *opinions* or *acknowledge* other students' work, but will contribute to *meaningful, thoughtful, intellectual* dialogue. The following rating scale describes the method for evaluation of student performance in the Blackboard environment.

Score	Interpretation of Score
0	Minimal or no participation
1	Participation limited to agreeing with other students' comments or repeating content from reading or class session. Participation lacks reflection or application of content.
2	Participation limited to posing questions based on reading or class content, but lacking application of content or appropriate response to peers' comments/questions.
3	Participation includes the posing of questions that reflect careful consideration of content. Student responds thoughtfully to peers' comments/questions and demonstrates the ability to superficially apply class content to comments and responses.
4	In addition to demonstrating the behaviors outlined above, the student raises additional points and questions for consideration in the discussion forum.
5	In addition to demonstrating the behaviors outlined above, the student furthers the discussion by providing new application of content and/or offering new insights and resources.

**Note that because interaction with other students is included in the “participation” grade, if students consistently post on the last possible day or at the last possible time, opportunities for participation (and therefore the participation grade) will be limited by that choice.**

**LATE ASSIGNMENTS** – Late assignments will be downgraded by one point for each day that they are late. An assignment is considered late if it is posted after midnight your time zone on the day it is due. If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact me to negotiate for an alternative submission date.

**WRITING ASSIGNMENTS** – All papers must adhere to the university writing style guidelines using the APA Manual, 5<sup>th</sup> edition. Information on APA formatting can be found at <http://apastyle.apa.org>. Written assignments must include a cover page, abstract, and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated. *\*Please also ensure all written assignments have a defined summary at the end of the paper.*

**DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

**ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as ‘cheating’ in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student’s dismissal from the WSU College of Nursing.

## HIPAA INFORMATION

<http://www.hhs.gov/news/facts/privacy.html>

## COMPONENTS OF RESEARCH

- Any type of research (gathering or analyzing data or outcomes) requires prior approval by the Washington State University Institutional Review Board. This must be completed with your faculty advisor. You must have your faculty advisor sign the application before it is submitted. Information and application materials are available at: <http://www.irb.wsu.edu/forms.asp>
- Please also be aware that the agency in which you are conducting research may also require a separate process of approval. You must obtain approval for your project from the appropriate personnel or review board before data collection takes place.
- Human Participants Protection Education for Research must also be completed. There is a free, web-based, tutorial is available at: <http://cme.cancer.gov/cgi.bin/cms>. You will need to send a copy of the certificate of completion (issued on-line when you complete the course) with your IRB application.

## INSTRUCTIONAL STRATEGIES:

Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through faculty directed discussion boards. Guest speakers will present perspectives on significant issues of nursing education.

**GRADING FORMULA** – I will not round grades numerically (either up or down) when it comes to graded papers and projects. I will not round on final grades. For example, final grade of 89.0 will be considered a B; however, other factors such as the quality of your participation will be considered. **You must pass both the didactic and practicum portion of the course; a failure in either component will necessitate retaking the course.**

## GRADING

95-100 = A	76-79 = C+
90-94 = A-	73-75 = C
86-89 = B+	70-72 = C-
83-85 = B	66-69 = D+
80-82 = B-	60-65 = D
	0-59 = D-

**EVALUATION:** Grading of the didactic component of the course will be based upon the quality of the student’s attainment of the required activities listed below:

1. (25%) Consistent, timely participation in class activities, based upon reflective, thorough preparation.
2. (30%) Successful completion of class assignments.
3. (15%) Log of committee work: a log of your work with your DNP committee must be kept up-to-date. This includes planning, assignments, revisions and a timeline that will guide you in completing the practice inquiry proposal.
4. (30%) Formal paper: comprehensive literature review of the practice issue of interest, the DNP role in addressing the practice issue including leadership, team building and innovation, and a budget and timeline for implementation.

## COURSE SCHEDULE

Week / Date	Topics / Objectives	Readings / Assignments
Week 1 5 hours	<ol style="list-style-type: none"> <li>1. Discussion of the practice concern of interest to the student.</li> <li>2. Identification of population and setting.</li> <li>3. Identification of team members.</li> <li>4. Plan for appraising and synthesizing evidence such as literature, ongoing studies, clinical guidelines, professional practice statements and policy papers, You will be working in groups of three to critique each others' work and provide feedback. The critiques will be posted on Blackboard. A timeline will be given on submission of feedback and revisions.</li> </ol>	<p>Smith, P., Trudi, J., Lorentzon, M., Pope, R. (2004). Chapters 1-3; Choi, B. C., &amp; Pak, A. W. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: Definitions, objectives, and evidence of effectiveness. <i>Clinical &amp; Investigative Medicine - Medicine Clinique et Experimentale</i>, 29(6), 351-64.</p> <p>Critique a published evidence-based project such as the one below. Using the criteria from Malloch and Porter-O'Grady, provide an analysis of the article on Blackboard. Include a hyperlink to the article on Blackboard. Morgan, L. &amp; Thomas, D. J. (2007). <b>Implementing evidence-based nursing</b> practice in the pediatric intensive care unit. <i>Journal of Infusion Nursing</i>, 30(2), 105-112.</p>
Week 2 5 hours	<ol style="list-style-type: none"> <li>1. Leadership skills for team building and maintenance.</li> <li>2. Using information systems/technology and patient technology in the practice inquiry proposal.</li> <li>3. A systems approach to team building: A step-by-step process.</li> <li>4. Qualities of effective team leadership and organizational change.</li> <li>5. Ensuring team effectiveness.</li> </ol>	<p>Smith, P., Trudi, J., Lorentzon, M., Pope, R. (2004). Chapters 4-6; Shirey, M. R. (2007). Competencies and tips for effective leadership: from novice to expert. <i>Journal of Nursing Administration</i>, 37(4), 167-70. Smith, P., Trudi, J., Lorentzon, M., Pope, R. (2004). Chapter 7-9; Porter-O'Grady, T., Alexander, D. R., Blaylock, J., Minkara, N., &amp; Surel, D. (2006). Constructing a team model: creating a foundation for evidence-based teams. <i>Nursing Administration Quarterly</i>, 30(3), 211-220.</p> <p>In a five-page paper, discuss: 1. the practice issue of interest; 2. analysis of the practice setting and population; 3) a review of the relevant evidence; 4) ethical, cultural, political, financial and technological resources and barriers of the multidisciplinary group to be established for implementation of the Capstone. Explain how the team model will enhance the implementation of your practice inquiry proposal.</p>
Week 3 5 hours	<ol style="list-style-type: none"> <li>1. Identifying what support you need to start the change process.</li> <li>2. A stepwise approach to the implementation of the capstone project.</li> </ol>	<p>Smith, P., Trudi, J., Lorentzon, M., Pope, R. (2004). Chapters 10-12; Newhouse, R. P. (2007). Creating infrastructure supportive of evidence-based nursing practice: leadership strategies. <i>Worldviews on Evidence-Based</i></p>

		<i>Nursing, 4(1), 21-9.</i>  In a ten-page paper, explain the: 1) vision and leadership role of the DNP student as a change agent for this practice issue; 2) methods for implementing the Capstone including a timeline and expected results 3) benefit of the Capstone project to health care in general and the designated population in specific; 4) how the Capstone project contributes to quality of care and the reduction of health disparities; policy implications of the Capstone.
	Formal paper due with suggested revisions addressed.	

### PRACTICUM COMPONENT

1-4 semester credits

#### OBJECTIVES:

1. Analyze the practice concern, population, setting and infrastructure related to your area of interest.
2. Identify key players involved in your area of interest.
3. Participate in team building and planning activities.

#### INSTRUCTIONAL STRATEGIES:

Students and faculty will collaboratively create individualized practicum experiences in settings which will allow each student the opportunity to attain the objectives in a fashion uniquely their own.

Practice hours will be used to identify the practice concern, team building, and working with a preceptor to develop a plan for the Capstone project. Planning activities will be tracked over the semester.

Module One: Identify a practice concern and how national and local systems, rules and regulations contribute. Analysis of the practice concern needs to address why the problem is occurring and what impact it has on healthcare.

Module Two: Analyze the fiscal aspects of the practice concern. Explore why and how the decisions about funding and/or reimbursement affect the way the delivery system works and learn techniques and approaches toward using this information in your financial analysis.

Module Three: You will identify local system issues that affect the practice concern and the effect on individual or population health. Your analysis will cover how local system improvements will affect your practice concern.

Module Four: Analyze required elements for implementation of the practice inquiry proposal.

Elements of the Analysis of the Practice Concern:

Define the practice concern: What is the evidence that the practice concern exists? Do you need to perform a “needs assessment” to validate or provide more specificity about the problem? What is the cost of the problem (to the practice setting and society)? What factors, including ethical and cultural factors, affect the practice concern?

Define the population: Who is affected by the practice concern and how are they affected? Who are the stakeholders?

Define the practice setting or system related to the practice concern. Describe the setting or system. How does the practice setting or system impact the problem of concern? Are there changes in the setting or system that need to be made in order to address the concern? Is there support for collecting data for the problem of concern? Do any changes need to be made to the infrastructure to address the problem of concern? Address budgetary issues and develop a budget plan if appropriate.



### Key Players Involved in the Practice Concern

Who are the key players in the system involved in the practice concern? Has the practice concern been addressed by these individuals in the past and if so, how?

### Participate in Team Building and Planning Activities

- Invite key players to begin planning the analysis of the problem of concern.
- Present your analysis of the problem, addressing the population, setting and infrastructure at the meeting.
- Collect input from key players and revise planning as necessary.
- Schedule team meetings as necessary to move forward with planning the practice inquiry proposal.
- All meeting minutes will be submitted to your clinical faculty along with the team journal.

### **Activity # 1 – Week 2**

*Explore environmental factors, such as organization, financing, governance, and culture, which may affect implementation of your practice inquiry proposal (PIP).*

In any setting, many factors support or impede implementation of new ideas. Change is often very difficult for individuals and organizations. Even if changes are perceived as improvements, roles and responsibilities will change, money flows will shift and the culture or context of the system will be altered. Many projects initially perceived to be improvements ultimately fail because these factors are not considered prior to implementation.

Identify key players involved in your PIP who can provide a variety of perspectives on factors most likely to affect implementation.

Interview at least two key informants to explore the factors they consider in planning and implementing new ideas and improvements. Ask them:

- What factors are most likely to affect implementation of systems improvements in your setting?
- Does the system have an improvement and learning culture? If so, how is this evidenced in the organization?
- What cultural factors should you consider as you complete the planning phase?
  - Who are the key leaders with whom you should speak? What barriers (policies, people, etc) should you anticipate prior to finalizing your PIP.
  - Post the interviews on Blackboard.

### **Activity #2 – Week 4**

*Estimate the cost of implementing your PIP and get feedback from the key players.*

Identify the categories of costs and savings attributable to the plan e.g., increased data analysis costs, savings in number of staff needed, etc. Meet with a key player who will help calculate actual dollar figures to the categories so that you can estimate the net financial impact.

The basic architecture of a financial analysis is relatively straightforward. In most projects there are essentially two types of costs: (1) start-up costs (i.e. the cost of development and implementation); and (2) operating costs. Typically, the start-up costs are “borrowed” and paid back from the savings generated by the project over time. Because no enterprise can survive without at least breaking even, every project must, in some way, pay back its start-up costs as well as any initial operating losses. Even if a specific project is justified by improvements in quality or service, its costs must be covered from somewhere in the delivery system. To make a case for implementation, estimate the start-up costs, the operating costs, any savings or new income that would be generated, and the resulting net effect on the financial bottom line. If your practice inquiry project involves a systems level policy or similar practice concern, there is still a cost for personnel and other resources such as the acquisition of data that need to be accounted for.

**Step One.** Identify the type of start-up costs associated with the plan. At this point, focus on the type of costs (e.g. new equipment, staff to oversee implementation, etc.) rather than the actual costs.

**Step Two.** Identify the types of operating expenses associated with the proposed change. Common operating expenses are personnel, space, equipment and supplies.

**Step Three.** List the types of savings that might result (e.g. reductions in staff time, fewer provider hours lost as a result of no-shows, higher reimbursement for primary care providers).

**Step Four.** Contemplate whether the project would create any billable services that might generate additional income or reduce revenue. For example, would it increase visits, tests, referrals, or even hospitalizations, or would it decrease income by reducing revenue-producing services? Think about the sources of income. Does the system receive payments for visits, a block grant from an insurer, or a fixed budget from the health system? Is there a risk contract such that improvements in outcomes might generate a performance bonus? If relevant, estimate such things as the proportion of patients your PIP would affect, the frequency and length of any visits generated, and the effect on other services or processes.

**Step Five.** Identify the non-financial benefits of the proposed plan such as improvements in patient care quality, safety, service or satisfaction. Remember, although each of these may have a long-term impact on financial performance, they rarely create short-term savings.

Estimating the costs and benefits that are identified. Will the PIP generate savings (positions eliminated, processes that no longer need to be done) in excess of start up costs and new operating expenses (people, time, money, materials)? The estimated savings minus the expenses yields the net cost of the intervention. Consider any new sources of income and if there will be a net financial effect.

Finally ask yourself if the project would be:

- An on-going financial expense (but worth it in terms of gaining desired outcomes)?
- Cost neutral?
- A moneymaker for the setting?

Write a two-page summary about the net financial impact of your PIP.

### **Activity #3 – Week Six**

Complete a two-page draft outlining the business case for your PIP

At this point, you should be ready to describe your PIP in a business plan format. Imagine you are preparing the draft for the team who will ask you to explain, justify and defend your analysis and plan. As you write it up, ask yourself:

- Will others consider this a problem worth solving? If not, this is a good time to rethink your proposal.
- Have you considered more than one solution?
- Is your proposed solution the most cost-effective way to solve the problem?
- Will the proposal be perceived as a threat by anyone? By whom? For what reasons?
- What risks are inherent in carrying out the project? What could happen if the intervention did not work, the policy proposal raises more concerns rather than is viewed as being a solution or there is resistance to change?

### **Activity #4 – Week Eight**

Discuss your PIP progress with your colleagues and preceptor – Respond to three colleagues on Blackboard.

What did you learn about your PIP ideas; any surprises? What revisions are you planning?

How does your PIP planning experience compare with that of your colleagues?

What were the most effective ways of working together? What did you learn about the similarities and differences in each other's education and expertise? How did that contribute to the PIP experience? How can you continue to work together after the course?

Finally, comment on each other's business plans and PIPs, and their potential impact.

**EVALUATION:**

Attainment of the objectives will be evaluated based upon the individual student's documentation of their practicum experiences. Contribution of the practicum to the overall course grade is shown below.

Theory Credits	Practicum Credits	% of Grade from Practicum
3	0	0%
3	1	25%
3	2	40%

**WASHINGTON STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
Course Syllabus

**COURSE NUMBER:** N506

**COURSE TITLE:** Nursing Practice Capstone

**CREDIT HOURS:** 1 credit (1 - 4 practicum)

**PREREQUISITES:** N518, N507, N511, N512, N565, N539, N576, N801

**COREQUISITES:** N580/concurrently

**FACULTY:** - Your Name

Email Address: xxx

Telephone Number: xxx

**CATALOG DESCRIPTION:**

Translational research project including measurement of outcomes, analysis of results and the dissemination of recommendations for practice.

**COURSE DESCRIPTION:**

This course focuses on the implementation of the nursing practice inquiry with the analysis and dissemination of clinical findings. Classroom instruction will be devoted toward refining the Capstone document. Clinical practicum hours will be spent on implementing the nursing practice inquiry proposal, analyzing and synthesizing findings, and developing conclusions and recommendations. Capstone results will be shared with the academic and clinical community, stakeholders and interested constituencies.

**OBJECTIVES:**

1. Demonstrate knowledge concerning inter-professional collaboration for improving patient and population health outcomes in class participation and scholarly work.
2. Develop strategies to improve clinical prevention and population health for improving the nation's health.
3. Implement the Capstone project and analyze findings.
4. Develop conclusions and recommendations of the Capstone project to improve advanced nursing practice.
5. Create a scholarly Capstone document to be shared with members of the academic and clinical community, stakeholders and interested constituencies.

**TOPICS:**

Knowledge of the Healthcare Environment: Population analyses, Evidenced-based practice, Quality improvement, System management, Business skills, Ethics

Communication and Relationship Management: Effective communication,

Relationship Management: (academia, community, health care organizations), Interdependent management, Diversity, Shared decision making, Multidisciplinary group management, Leadership, Professionalism

Translational Research: Conducting research, Measurement and analysis of outcomes, Statistics, Evaluation, Dissemination

**COURSE POLICIES:**

**Student Materials**

Malloch, K., & Porter-O'Grady, T. (2005). *Introduction to evidence-based practice in nursing and healthcare*. Sudbury, MA: Jones & Bartlett.

**ELECTRONIC RESERVES**

Provide relevant course links here.

## WORK LOAD

It is WSU policy that for every hour in class students should expect an average of two hours working on the course assignments outside of class. With distance friendly courses, the in class time is combined with the outside of class time. For instance, with a 3 credit course expect to spend an average of 9 hours a week on the course. Depending on your skills and knowledge as a learner, it may take you more time or less time than the average 9 hours. Also, there may be some weekly tasks that take more time than the previous week and vice versa.

## ATTENDANCE

Students are expected to be punctual in attendance. Absence from a class session will result in a participation point reduction. Planned absences must be discussed with me prior to the missed class and may entail an additional assignment if participation points are to be regained.

## PARTICIPATION

Class participation is different from attendance.

Class Participation Rubric: The following rubric forms the basis for evaluation of student participation in this course. Students should be rated at a level of 2 or above in all categories and 3 or above in at least 3 categories to receive a satisfactory evaluation.

	4	3	2	1
<b>Attendance / Promptness</b>	Student is <b>always</b> prompt and regularly attends classes.	Student is late to class <b>once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once every two weeks</b> and regularly attends classes.	Student is late to class <b>more than once a week</b> and/or has poor attendance of classes.
<b>Level Of Engagement In Class</b>	Student proactively contributes to class by offering ideas and asking questions <b>more than once</b> per class.	Student proactively contributes to class by offering ideas and asking questions <b>once</b> per class.	Student <b>rarely</b> contributes to class by offering ideas and asking questions.	Student <b>never</b> contributes to class by offering ideas and asking questions.
<b>Listening Skills</b>	Student listens when others talk, both in groups and in class. Student <b>incorporates or builds off</b> of the ideas of others.	Student <b>listens</b> when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class.	Student <b>does not</b> listen when others talk, both in groups and in class. Student often <b>interrupts</b> when others speak.
<b>Preparation</b>	Student is <b>almost always</b> prepared for class with assignments and required class materials.	Student is <b>usually</b> prepared for class with assignments and required class materials.	Student is <b>rarely</b> prepared for class with assignments and required class materials.	Student is <b>almost never</b> prepared for class with assignments and required class materials.

**Blackboard-based participation:**

To earn full credit for participation and online discussions in this course, students will:

- Log on to the class Blackboard™ website a *minimum* of two times per week.
- Complete all assignments on time and within assigned parameters.
- Participate *academically* in all interactive experiences – posting to online discussion topics on Blackboard, participating in module activities, etc. *Academic participation* means that students will not simply share *opinions* or *acknowledge* other students' work, but will contribute to *meaningful, thoughtful, intellectual* dialogue. The following rating scale describes the method for evaluation of student performance in the Blackboard environment.

Score	Interpretation of Score
0	Minimal or no participation
1	Participation limited to agreeing with other students' comments or repeating content from reading or class session. Participation lacks reflection or application of content.
2	Participation limited to posing questions based on reading or class content, but lacking application of content or appropriate response to peers' comments/questions.
3	Participation includes the posing of questions that reflect careful consideration of content. Student responds thoughtfully to peers' comments/questions and demonstrates the ability to superficially apply class content to comments and responses.
4	In addition to demonstrating the behaviors outlined above, the student raises additional points and questions for consideration in the discussion forum.
5	In addition to demonstrating the behaviors outlined above, the student furthers the discussion by providing new application of content and/or offering new insights with supporting resources.

**Note that because interaction with other students is included in the “participation” grade, if students consistently post on the last possible day or at the last possible time, opportunities for participation (and therefore the participation grade) will be limited by that choice.**

**LATE ASSIGNMENTS** – Late assignments will be downgraded by one point for each day that they are late. An assignment is considered late if it is posted after midnight your time zone on the day it is due. If unforeseen circumstances prohibit you from turning in an assignment on time, be sure to contact me to negotiate for an alternative submission date.

**WRITING ASSIGNMENTS** – All papers must adhere to the university writing style guidelines using the APA Manual, 5<sup>th</sup> edition. Information on APA formatting can be found at <http://apastyle.apa.org>. Written assignments must include a cover page, abstract, and references. Your written work is a representation of you. Insure all credits are given for other's work. Any violations, plagiarism, or copying will not be tolerated. *\*Please also ensure all written assignments have a defined summary at the end of the paper.*

**DISABILITY STATEMENT**

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Disability Resource Center in Administration Annex 206, 509-335-1566.

**ACADEMIC HONESTY**

As an institution of higher education, Washington State University is committed to principles of truth and academic honesty. All members of the University community share the responsibility for maintaining and supporting these principles. When a student enrolls in Washington State University, the student assumes an obligation to pursue academic endeavors in a manner consistent with the standards of academic integrity adopted by the University. To maintain the academic integrity of the community, the University cannot tolerate acts of academic dishonesty including any forms of cheating, plagiarism, or fabrication. Washington State University reserves the right and the power to discipline or to exclude students who engage in academic dishonesty.

Academic integrity violations include actions defined as ‘cheating’ in the Washington State University Standards of Conduct for Students. See Washington Administrative Code 504-26-010. Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, and may also include receiving a failing grade for the course. In some cases, the violation also may lead to the student’s dismissal from the WSU College of Nursing.

## HIPAA INFORMATION

<http://www.hhs.gov/news/facts/privacy.html>

## COMPONENTS OF RESEARCH

- Any type of research (gathering or analyzing data or outcomes) requires prior approval by the Washington State University Institutional Review Board. This must be completed with your faculty advisor. You must have your faculty advisor sign-off before submitting the application. Information and application materials are available at: <http://www.irb.wsu.edu/forms.asp>
- Please also be aware that the agency in which you are conducting research may also require a separate process of approval. You must obtain approval for your project from the appropriate personnel before data collection takes place.
- Human Participants Protection Education for Research must also be completed. There is a free, web-based, tutorial is available at: <http://cme.cancer.gov/cgi.bin/cms>
- You will need to send the certificate of completion (issued on-line when you complete the course) in with your IRB application.

## INSTRUCTIONAL STRATEGIES:

Students are expected to have completed the assigned readings and other preparatory work as a basis for dialectic interaction. Faculty-student and student-student interaction will occur in the classroom as well as online through faculty directed discussion boards. Guest speakers will present perspectives on significant issues of nursing education.

**GRADING FORMULA** – I will not round grades numerically (either up or down) when it comes to graded papers and projects. I will not round on final grades. For example, final grade of 89.0 will be considered a B; however, other factors such as the quality of your participation will be considered. **You must pass both the didactic and practicum portion of the course; a failure in either component will necessitate retaking the course.**

## GRADING

95-100 = A	76-79 = C+
90-94 = A-	73-75 = C
86-89 = B+	70-72 = C-
83-85 = B	66-69 = D+
80-82 = B-	60-65 = D
	0-59 = D-

**EVALUATION:** Grading of the didactic component of the course will be based upon the quality of the student’s attainment of the required activities listed below:

1. (15%) Consistent, timely participation in class activities, based upon reflective, thorough preparation.
2. (35%) Formal presentation: a 30 minute presentation to include the analysis and synthesis of the Capstone findings, including conclusions and recommendations.

(50%) The Capstone document: The format of this document will be decided upon by the student and her/his supervisory committee. The format will be what is most appropriate to represent the planning, implementation and evaluation of the Capstone project. The document will build on the proposal developed in N801. Examples of the types of documents that may be produced include a project report, journal article, policy position paper, curriculum design, or program proposal.

## COURSE SCHEDULE

Week / Date	Topics / Objectives	Readings / Assignments
Week 1 5 hours	<ol style="list-style-type: none"> <li>1. Discussion of the implementation plan for the Capstone project developed in N801</li> <li>2. Strategies for integrating practice inquiry, advanced practice and leadership into the Capstone project.</li> <li>3. Assess congruence of the Capstone proposal with DNP competencies</li> <li>4. Work in groups of three to critique each others' work and provide feedback. The critiques will be posted on Blackboard. A timeline will be given on submission of feedback and revisions.</li> <li>5. Submit revisions to Capstone proposal to supervisory committee for review and approval.</li> </ol>	Malloch, K. & Porter-O'Grady, T. (2005). Chapters 1-2; Tolson, D., McAloon, M., Hotchkiss, R., Schofield, I. (2005). Progressing <b>evidence-based</b> practice: an effective <b>nursing</b> model? <i>Journal of Advanced Nursing</i> , 50(2),124-133.
Week 2 5 hours	<ol style="list-style-type: none"> <li>1. Strategies for implementing a Capstone project</li> <li>2. Developing an evaluation plan to assess evidence of:               <ol style="list-style-type: none"> <li>a. Practice inquiry</li> <li>b. Advanced practice</li> <li>c. Leadership</li> <li>d. Inter-professional collaboration</li> <li>e. Cultural competencies</li> <li>f. Fiscal responsibility</li> <li>g. Systems level change</li> <li>h. Measureable outcomes</li> <li>i. Strategies to disseminate the Capstone results</li> </ol> </li> </ol>	Malloch, K. & Porter-O'Grady, T. (2005). Chapters 3-4.
Week 3 5 hours	Formal presentations of the Capstone Project – you will be split into groups of five for presentations. Faculty/colleague evaluations will take place after the presentation.  Evaluation of the Capstone process and translating it into other areas of practice.	Malloch, K. & Porter-O'Grady, T. (2005). Chapters 5-6; Worldviews on Evidence-Based Nursing. (2004). Resources for <b>evidence-based</b> practice. <i>Worldviews on Evidence-Based Nursing</i> , 1(1), 77.

## PRACTICUM COMPONENT

### OBJECTIVES:

1. Implement the practice inquiry proposal.
2. Evaluate the Capstone project
3. Share the outcomes of the Capstone project including conclusions and recommendations.

### INSTRUCTIONAL STRATEGIES:

Students and faculty will collaboratively create individualized practicum experiences in settings which will allow each student the opportunity to attain the objectives in a fashion uniquely one's own.

Practice hours will be used to implement, evaluate and disseminate the practice inquiry proposal. The practicum will require working closely with your DNP supervisory committee to accomplish these activities. It is imperative to keep open communication with your committee at each step.



Most of your time during the practicum will be devoted to implementing your Capstone Project.. Please work with your preceptor on maintaining a schedule. You will also be presenting the findings to stakeholders. Please schedule this with your preceptor.

During your practicum experience you will be creating your final document. Elements of the document should include the following:

- I. Statement of the practice issue
- II. Vision, innovation and leadership of the DNP student
- III. Analysis of the practice setting or system and population
- IV. Methods of the Capstone project
- V. Results, conclusions and recommendations of the Capstone project

#### **EVALUATION:**

Attainment of the objectives will be evaluated based upon the individual student's documentation of their practicum experiences. Contribution of the practicum to the overall course grade is shown below.

Theory Credits	Practicum Credits	% of Grade from Practicum
3	0	0%
3	1	25%
3	2	40%

## APPENDIX V

### Profile of College of Nursing Faculty April 2010

<b>Name</b>	<b>Carol Allen, Clinical Associate Professor</b>
<b>Credentials</b>	Ph.D. RN
<b>Area of Research</b>	Culture/Diversity, Leadership, International Nursing, Education (ESL, International Experiences, underserved populations)
<b>Funded Extramural Grants since 2000</b>	
<b>Peer Reviewed Articles since 2000</b>	5
<b>National Scientific Review Activities</b>	
<b>Editorial Review Activities (Names of Journals)</b>	Journal of Nursing Education
<b>Influence on Scientific and Public Policy</b>	
<b>Recognition</b>	Teaching Excellence Award – 2003; Teacher's Credit Union Excellence in Undergraduate Education 2007; Recipient Group Health Cooperative: Cooperative Achievement Award, October 2006. (For efforts to positively impact the health of enrollees, the community, or the cooperative in a new or particularly exemplary fashion).
<b>Presentations, Poster Sessions since 2000</b>	17

<b>Name</b>	<b>Merry Armstrong, Associate Professor</b>
<b>Credentials</b>	DNSc, ARNP
<b>Area of Research</b>	Addictions, women's issues in addictions
<b>Funded Extramural Grants since 2000</b>	7
<b>Peer Reviewed Articles since 2000</b>	Two published, 2 in process, 4 textbook chapters in textbooks, one in process with Substance Abuse and Mental Health Services Administration
<b>National Scientific Review Activities</b>	
<b>Editorial Review Activities (Names of Journals)</b>	Journal of Addictions Nursing
<b>Influence on Scientific and Public Policy</b>	Advisory Board, Daybreak of Spokane, former Board of Directors, Downtown Women's Shelter, Spokane
<b>Recognition</b>	WSU College of Nursing Excellence in Graduate Teaching, 2006, Public Service Award, International Nurses Society on Addictions, 1999
<b>Presentations, Poster Sessions since 2000</b>	6

<b>Name</b>	<b>Jacquelyn Banasik, Associate Professor</b>
<b>Credentials</b>	PhD in Zoophysiology, ARNP, FNP
<b>Area of Research</b>	Exercise motivation in sedentary, overweight individuals; Effect of exercise and diet on adipokines, stress and metabolic hormones; Effect of exercise and diet on insulin resistance in pre-diabetic persons; Relationships between stress and immune cytokines in women with breast cancer

<b>Funded Extramural Grants since 2000</b>	Sigma Theta Tau Delta Chi: 1; Pathology Associates Medical Laboratory: 1
<b>Peer Reviewed Articles since 2000</b>	35 (32 are my chapters in 2 editions of my co-edited textbook)
<b>National Scientific Review Activities</b>	None
<b>Editorial Review Activities (Names of Journals)</b>	Heart & Lung; Journal of Cardiovascular Nursing
<b>Influence on Scientific and Public Policy</b>	
<b>Recognition</b>	American Association of Critical-Care Nurses Scholar for 1990. Honorable mention for the Harriet B. Rigas Outstanding Doctoral Student Award presented by Washington State University, Organization for Faculty Women, 1991. Nurse Excellence Award: Research. Presented by Sigma Theta Tau, Delta Chi Chapter, 1994. Barbara Durand Achievement in Education Award. National award presented by The Nurse Practitioner Journal, Presented at the National NP Meeting, Washington DC, 1999. Outstanding Graduate Faculty Award, WSU College of Nursing (student selection), 2003.
<b>Presentations, Poster Sessions since 2000</b>	11

<b>Name</b>	<b>Ruth Bindler, Professor</b>
<b>Credentials</b>	PhD in Human Nutrition
<b>Area of Research</b>	Primarily quantitative, community-based, epidemiological and intervention studies, children, adolescents, type 2 diabetes, cardiovascular disease, obesity prevention and treatment, school health
<b>Funded Extramural Grants since 2000</b>	Pathology Associates Medical Laboratory x 2; Delta Chi Chapter of Sigma Theta Tau International x 2; The Heart Institute of Spokane; Society for Pediatric Nurses Research Award; USDA Obesity Program
<b>Peer Reviewed Articles since 2000</b>	7 journal articles and 6 authored/co-authored books
<b>National Scientific Review Activities</b>	
<b>Editorial Review Activities (Names of Journals)</b>	Western Institute of Nursing, Society of Pediatric Nurses, Journal of Nursing Scholarship, Medical Science Monitor
<b>Recognition</b>	WSU/Nursing Undergraduate Teaching Award sponsored by the Spokane Teachers Credit Union; Habitat for Humanity Spokane, Community Builder of Award of Appreciation; Last Acts Award for content on end-of-life issues for <u>Pediatric Nursing: Caring for Children</u> , 2 <sup>nd</sup> ed. Sponsored by the Robert Wood Johnson Foundation; Sigma Theta Tau International Distinguished Writer; Numeric rating of 94% (4 stars) from Sigma Theta Tau Book Service for <u>Pediatric Nursing: Caring for Children</u> , 2 <sup>nd</sup> ed; American Journal of Nursing Book of the Year Award for <u>Child Health Nursing</u> , 2 <sup>nd</sup> ed.; WSU Cougar Gold Research Award.
<b>Presentations, Poster Sessions since 2000</b>	9

<b>Name</b>	<b>Margaret Bruya, Professor</b>
<b>Credentials</b>	Doctorate in Nursing Science, Adult Registered Nurse Practitioner, Family Nurse Practitioner, Fellow of the American Academy of Nursing
<b>Area of Research</b>	Cardiovascular disease, Type 2 Diabetes in Childhood and Adolescence, Obesity, Vulnerable Populations, Homeless Health Care, Academic Nurse-managed Clinics
<b>Funded Extramural Grants since 2000</b>	US DHHS/ Health Resources & Services Administration, Holy Family Hospital Foundation, Washington State Health Care Authority
<b>Peer Reviewed Articles since 2000</b>	13

<b>National Scientific Review Activities</b>	Sigma Theta Tau International
<b>Editorial Review Activities (Names of Journals)</b>	J. of Neuroscience Nursing, American Association of Critical Care Nurses
<b>Influence on Scientific and Public Policy</b>	
<b>Recognition</b>	Inducted, Fellow of the American Academy of Nursing, 2001; Excellence in Community Service, Delta Chi Chapter of Sigma Theta Tau
<b>Presentations, Poster Sessions since 2000</b>	10

<b>Name</b>	<b>Patricia Butterfield, Dean and Professor</b>
<b>Credentials</b>	Postdoctoral Fellow, Ph.D., M.S, B.S
<b>Area of Research</b>	Environmental health nursing, Household environmental risk reduction, Occupational health problems in small companies, Occupational and environmental health in rural settings, Conceptual approaches to public health nursing
<b>Funded Extramural Grants since 2000</b>	National Institute of Nursing Research: Reducing Environmental Risk for Rural Low Income Families, 2005 to 2009.
<b>Peer Reviewed Articles since 2000</b>	<p>Paranzino GK, Butterfield P, Nastoff T, Ranger C (Jan 2005) I PREPARE: development and clinical utility of an environmental exposure history mnemonic, <i>Aaohn Journal : Official Journal of the American Association of Occupational Health Nurses</i>, 53 (1), 37-42,</p> <p>Bekemeier B, Butterfield P (Apr-Jun 2005) Unreconciled inconsistencies: a critical review of the concept of social justice in 3 national nursing documents, <i>Ans. Advances in Nursing Science</i>, 28 (2), 152-62</p> <p>Butterfield PG (Sep 2004) "La verdad" and risk communication--strategies for communicating results of environmental exposure tests to individuals, <i>Aaohn Journal : Official Journal of the American Association of Occupational Health Nurses</i>, 52 (9), 363-5</p> <p>Butterfield PG, Yates SM, Rogers B, Healow JM (Feb 2003) Overcoming subject recruitment challenges: strategies for successful collaboration with novice research agencies, <i>Applied Nursing Research : Anr</i>, 16 (1), 46-52</p> <p>Butterfield P, Malliarakis K, Dotson JA (Fall 2002) Billings' methamphetamine epidemic. Nursing leaders frame a public health and environmental health problem, <i>Nursing Leadership Forum</i>, 7 (1), 8-11</p> <p>Butterfield PG (Sep 2002) Upstream reflections on environmental health: an abbreviated history and framework for action, <i>Ans. Advances in Nursing Science</i>, 25 (1), 32-49</p> <p>Larsson LS, Butterfield P (Jul-Aug 2002) Mapping the future of environmental health and nursing: strategies for integrating national competencies into nursing practice, <i>Public Health Nursing (boston, Mass.)</i>, 19 (4), 301-8</p> <p>Zahm SH, Colt JS, Engel LS, Keifer MC, Alvarado AJ, Burau K, Butterfield P, Caldera S, Cooper SP, Garcia D, Hanis C, Hendrikson E, Heyer N, Hunt LM, Krauska M, MacNaughton N, McDonnell CJ, Mills PK, Mull LD, Nordstrom DL, Outtersen B, Slesinger DP, Smith MA, Stallones L, Stephens C, Sweeney A, Sweitzer K, Vernon SW, Blair A (Nov 2001) Development of a life events/icon calendar questionnaire to ascertain occupational histories and other characteristics of migrant farm workers, <i>American Journal of Industrial Medicine</i>, 40 (5), 490-501</p> <p>Healow J, Butterfield P (Jul 2001) Disapproving OSHA's ergonomic standard, <i>Aaohn Journal : Official Journal of the American Association of Occupational Health Nurses</i>, 49 (7), 320</p> <p>Butterfield P (Dec 2000) Recovering a lost legacy: nurses' leadership in environmental health, <i>The Journal of Nursing Education</i>, 39 (9), 385-6</p> <p>Camicioli R, Willert P, Lear J, Grossmann S, Kaye J, Butterfield P (Summer 2000)</p>

<b>Name</b>	<b>Patricia Butterfield, Dean and Professor</b>
	Dementia in rural primary care practices in Lake County, Oregon, <i>Journal of Geriatric Psychiatry and Neurology</i> , 13 (2), 87-92

<b>Name</b>	<b>Rebecca Cardell, Clinical Associate Professor</b>
<b>Credentials</b>	Ph.D., ARNP, BC
<b>Area of Research</b>	Suicide Prevention
<b>Peer Reviewed Articles since 2000</b>	Cardell, R, Bratcher, K, & Quinnett, P. (2008). Revisiting "Suicide Proofing" an Inpatient Unit Through Environmental Safeguards. In review.
<b>Editorial Review Activities (Names of Journals)</b>	2006: Journal of the American Psychiatric Mental Nurses Association.
<b>Influence on Scientific and Public Policy</b>	Cardell, R., & Pitula, C.R. (2007). Environmental safeguards for medical-surgical units. In Joint Commission Resources (Eds). <i>Suicide Prevention: Toolkit for Implementing National Patient Safety Goal 15A</i> . Oakbrook, IL: Joint Commission Resources.
<b>Recognition</b>	Special Mental Health Volunteer Award 2003: Washington State Penitentiary, Walla Walla, WA. Outstanding Graduate Faculty Award 2004: Washington State University, College of Nursing Graduate Students. Excellence in Teaching Award 2006: Washington State University, College of Nursing.


<b>Name</b>	<b>Cindy Corbett, Associate Professor</b>
<b>Credentials</b>	PhD Nursing
<b>Area of Research</b>	diabetes and chronic illness self-management, including with Slavic community
<b>Funded Extramural Grants since 2000</b>	American Society of Health Systems Pharmacists; Pfizer Innovations in Nursing Post-doctoral Fellowship; Proctor and Gamble; Sigma Theta Tau International/American Association of Diabetes Educators; Washington Association of Diabetes Educators
<b>Peer Reviewed Articles since 2000</b>	15 articles, 2 book chapters
<b>National Scientific Review Activities</b>	Sigma Theta Tau International
<b>Editorial Review Activities (Names of Journals)</b>	Journal of the American Geriatrics Society; Western Journal of Nursing Research; Clinical Nursing Research; Patient Education and Counseling; Home Healthcare Nurse; Journal of PAIN
<b>Influence on Scientific and Public Policy</b>	
<b>Recognition</b>	Nurse Excellence Award Leadership (2006) and Research (2002) Delta Chi Chapter Sigma Theta Tau International; WSU ICN Excellence in Research 2004; Spokane Visiting Nurse Association Supporter of the Year 2001.
<b>Presentations, Poster Sessions since 2000</b>	First or second author on 9 international/national and 3 regional/local podium presentations. First or second author on 6 international/national and 3 regional/local poster

	presentations.
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<b>Name</b>	<b>Kenn Daratha, Assistant Professor</b>
<b>Credentials</b>	PhD (Interdisciplinary; Health, Computer Science, Decision Science)
<b>Area of Research</b>	Adolescent health and obesity; diabetes co-morbid conditions; cardiovascular intervention outcomes
<b>Funded Extramural Grants since 2000</b>	4
<b>Peer Reviewed Articles since 2000</b>	2
<b>National Scientific Review Activities</b>	
<b>Editorial Review Activities (Names of Journals)</b>	
<b>Influence on Scientific and Public Policy</b>	Chair of the State of Washington Diabetes Network Leadership Team
<b>Recognition</b>	None
<b>Presentations, Poster Sessions since 2000</b>	12 podium and 9 poster presentations.

<b>Name</b>	<b>Lorrie Dawson, Assistant Professor</b>
<b>Credentials</b>	Ph.D., ARNP
<b>Area of Research</b>	Cultural Competence in Practice, Symptom Interpretation, Program Evaluation and Outcomes
<b>Funded Extramural Grants since 2000</b>	HRSA, CDFA: 93.359, “ <i>Recruitment of Culturally Diverse Students in Nursing</i> ” submitted with co-director Janet Katz, Ph.D-funded 2006 HRSA, CDFA: 93.358, Nursing Traineeship Grants, funded 2000, 2001, 2002, 2003
<b>Peer Reviewed Articles since 2000</b>	1
<b>National Scientific Review Activities</b>	Abstract Review Panels, National Organization of Nurse Practitioner Faculty, 2000, 2001
<b>Influence on Scientific and Public Policy</b>	Benton Franklin Community Health Alliance, 2004-present
<b>Recognition</b>	Nominee for the Washington State University Tri-Cities Campus Faculty Land Grant, 2005, Honors for Nursing Award, Clinical Preceptor Award, 2004
<b>Presentations, Poster Sessions since 2000</b>	2

<b>Name</b>	<b>Julie A. DeWitt-Kamada</b>
<b>Credentials</b>	DNP, BCC, ARNP
<b>Area of Research</b>	Grief and Loss
<b>Presentations, Poster Sessions since 2000</b>	PTSD presentation to Trauma Unit at Legacy HS 2002 & 2002; Borderline Personality Disorder 2004 & 2008 at Legacy HS & Lifeline Connections Psych 101- Training medical –surgical nurses in the care of medical patient’s with mental health diagnosis 2004 –presentations x4 10 week community course ”Depression Recovery” 2006 APNA presentation at the annual convention in Mpls. Oct. 15,2008 “DBT and Eating Disorders”

<b>Name</b>	<b>Dawn Doutrich, Associate Professor</b>
<b>Credentials</b>	PhD Nursing, Clinical Nurse Specialist
<b>Area of Research</b>	Qualitative Phenomenological Research, Feminist Approaches, Cultural Competence

<b>Name</b>	<b>Dawn Doutrich, Associate Professor</b>
	in Nursing, Workforce Diversity, and Cross-cultural Nursing Ethics, specifically in the area of values differentiation
<b>Funded Extramural Grants since 2000</b>	Southwest Washington Medical Center, Northwest Health Foundation, Southwest Washington Workforce Development Council, Health Resources Services Administration Division of Health Professionals (HRSA), Nagano College and Japan Society for the Promotion of Science, Sigma Theta Tau, Xi Mu Chapter
<b>Peer Reviewed Articles since 2000</b>	7
<b>National Scientific Review Activities</b>	US DHHS/ Health Resources & Services Administration
<b>Editorial Review Activities (Names of Journals)</b>	International Journal of Hispanic Health Care
<b>Influence on Scientific and Public Policy</b>	Serve on local Public Health Board who set priorities for county public health
<b>Recognition</b>	ICN Graduate Faculty 2005
<b>Presentations, Poster Sessions since 2000</b>	10

<b>Name</b>	<b>Alice E. Dupler, Assistant Dean and Clinical Associate Professor</b>
<b>Credentials</b>	J.D., APRN-BC
<b>Area of Research</b>	Elder Care, Long Term Care Issues, Legal Issues
<b>Funded Extramural Grants since 2000</b>	8
<b>Editorial Review Activities (Names of Journals)</b>	Editorial and manuscript review conducted 1985-1989 and 1995-1996 upon publisher request.
<b>Influence on Scientific and Public Policy</b>	Washington State Nurses' Association, Political Action Committee Co-Chairperson, 1986-88; National Gerontological Nurses' Association, Committee member, July 2001; John Hartford Foundation / AACN Dissemination of Best Practices in Gerontological Nursing, Partner, December, 2001-present; American Bar Association, Student Representative, 2002-2005; American Bar Association, Member, 2005-present; National Council on Aging, 2004-present.
<b>Recognition</b>	WSU Intercollegiate College of Nursing Faculty Speaker, Convocation, Spring 2007; Sigma Theta Tau, Delta Chi Chapter-at-Large, Excellence in Nursing Research Award, April 2005; Gonzaga University School of Law, Dean's Academic Honors List, Fall 2003 – Spring 2005; WSU Intercollegiate College of Nursing, Faculty Speaker, Convocation, Spring 2005; Nominee, Spokane Teachers' Credit Union Undergraduate Faculty Award, May 2005; Department of Social and Health Services, Outstanding Employee Award, 2001; Aging and Adult Services Administration Outstanding Team Award, 2001; Aging and Adult Services Administration Statewide Outstanding Employee Award, 1995; Aging and Adult Services Administration Outstanding Employee Team Member Award, Quality Assurance Nurse Team, 1991; Appointment to the Board of Examiners for Licensure of Nursing Home Administrators by Governor Gardner, July 1989 through September 1991.
<b>Presentations, Poster Sessions since 2000</b>	8

<b>Name</b>	<b>Linda Eddy, Assistant Professor</b>
<b>Credentials</b>	PhD Human Development & Family Studies with Minor in Family Nursing, Certified Pediatric Nurse Practitioner, Family Nurse Practitioner
<b>Area of Research</b>	Quality of Life of Children with Disabilities and their Parents; Evaluation and Outcomes Research; Quantitative; Statistical Methods, Family

<b>Name</b>	<b>Linda Eddy, Assistant Professor</b>
<b>Funded Extramural Grants since 2000</b>	NIH/National Institute for Child Health and Human Development; SWW Medical Center/WSU Vancouver; WSU Vancouver mini-grant
<b>Peer Reviewed Articles since 2000</b>	11
<b>Editorial Review Activities (Names of Journals)</b>	J. of Marriage and the Family, J. of Nursing Education
<b>Recognition</b>	Member, WSU Missions to Washington D.C.
<b>Presentations, Poster Sessions since 2000</b>	13

<b>Name</b>	<b>Phyllis Eide, Assistant Professor</b>
<b>Credentials</b>	PhD Nursing, MS/Nursing, MPH, Clinical Nurse Specialist
<b>Area of Research</b>	Qualitative, Narrative Inquiry, Breast Cancer Survivorship, Minority Health, Transcultural Nursing, Rural Health
<b>Funded Extramural Grants since 2000</b>	US DHHS/ Health Resources & Services Administration, Delta Chi Chapter of Sigma Theta Tau
<b>Peer Reviewed Articles since 2000</b>	6
<b>National Scientific Review Activities</b>	Collateral reviewer, Sigma Theta Tau International
<b>Editorial Review Activities (Names of Journals)</b>	J. Nursing Education
<b>Recognition</b>	Laura Dustan Nurse Researcher of the Year, ICN
<b>Presentations, Poster Sessions since 2000</b>	14

<b>Name</b>	<b>Roberta J Emerson, Associate Professor</b>
<b>Credentials</b>	BSN; MN Clinical Nurse Specialist; PhD Educational Leadership
<b>Area of Research</b>	Nursing Education: Nursing Faculty
<b>Peer Reviewed Articles since 2000</b>	5 Articles; 1 book chapter (data-based); 1 book; 10 book chapters
<b>Editorial Review Activities (Names of Journals)</b>	International Journal of Nursing Education Scholarship, Elsevier Publications
<b>Recognition</b>	2007 American Journal of Nursing Book of the Year, WSU Teaching Academy, Guest Editorial Journal of Nursing Education, Delta Chi Chapter-at-Large of Sigma Theta Tau International Excellence in Clinical Practice Award, Delta Chi Chapter-at-Large of Sigma Theta Tau International Excellence in Clinical Practice Award, First Faculty Award for Excellence in Teaching, Intercollegiate Center for Nursing
<b>Presentations, Poster Sessions since 2000</b>	3

<b>Name</b>	<b>Cynthia E. Fitzgerald, Assistant Professor</b>
<b>Credentials</b>	BA, BSN, MSN, PhD
<b>Area of Research</b>	Mothers with HIV/AIDS, Healthcare experiences of women veterans
<b>Presentations, Poster Sessions since 2000</b>	Podium Presentation, "Participation in Health Behaviors Among Community-Dwelling Women," (co-presenter with Lori Settersten, Ph.D. FNP-CS, WHP, University of Wisconsin-Milwaukee), National Association of Women's Health Nurse Practitioners, Chicago, Illinois, October 13, 2004.  Poster Presentation, "Mothers with HIV/AIDS: Resources and Constraints," at the Midwest Nursing Research Society 2008 Research Conference, Indianapolis, Indiana.  Poster Presentation, "Assessing Family Nurse Practitioner Student Performance using



<b>Name</b>	<b>Cynthia E. Fitzgerald, Assistant Professor</b>
	Objective Structured Clinical Evaluations (OSCEs),” (co-developed with Nancy Beckham, PhD, RN, ARNP, Gonzaga University, Spokane, Washington), National Organization of Nurse Practitioner Faculties Conference, Denver, Colorado, April 2007.

<b>Name</b>	<b>Ginny Guido, Associate Professor</b>
<b>Credentials</b>	JD, MSN, RN, FAAN
<b>Area of Research</b>	Legal and Ethical Issues
<b>Funded Extramural Grants since 2000</b>	HRSA, PhD in Nursing program grant, Advanced Education Nursing, 2003-2006; Traineeship Grants and Advanced Education Nurse Anesthesia Traineeship Grants, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007
<b>Peer Reviewed Articles since 2000</b>	1
<b>National Scientific Review Activities</b>	HRSA Reviewer, 2003, 2005, 2006
<b>Editorial Review Activities (Names of Journals)</b>	American Association of Neuroscience Nurses; Review Editor for Mosby Year Book, Inc., Springhouse Publishers
<b>Recognition</b>	Inducted as a Fellow in the American Academy of Nursing, 2001
<b>Presentations, Poster Sessions since 2000</b>	14

<b>Name</b>	<b>Mel Haberman, Professor</b>
<b>Credentials</b>	PhD in Nursing Science, Fellow of the American Academy of Nursing
<b>Area of Research</b>	Cancer Survivorship, Quality of Life, Psychosocial & Behavioral Oncology, Alternative & Complementary Therapies, Demands of Illness, Bone Marrow & Stem Cell Survivorship, Intervention Research, Clinical Research, Instrumentation, Multi-site Research, Quantitative, Qualitative
<b>Funded Extramural Grants since 2000</b>	NIH/National Institute of Nursing Research, Pilot Research Award from the Center for Women’s Health and Gender Research; Subcontract, Fred Hutchinson Cancer Research Center; Oncology Nursing Foundation; U. of Washington Intramural & Research Funding Program; Janssen Pharmaceuticals; Providence Cancer Services; Deaconess Medical Center; Pink Shamrock Foundation; Delta Chi Chapter of Sigma Theta Tau; Carl M. Hansen Foundation
<b>Peer Reviewed Articles since 2000</b>	12
<b>National Scientific Review Activities</b>	Permanent Member, NIH, Center for Scientific Review, Nursing, Adults & Older Adults, Grant Reviewer; Permanent Member, California Breast Cancer Research Program, Grant Reviewer; Susan G. Komen Breast Cancer Foundation, Award Reviewer; Chair, American Cancer Society Reviewer for Nursing Scholarships and Professors of Oncology Nursing; Oncology Nursing Foundation, Grant Reviewer; Psi Chapter of Sigma Theta Tau, Grant Reviewer; 3 NIH/National Cancer Institute Ad Hoc Grant Review Committees or Site Review Teams.
<b>Editorial Review Activities (Names of Journals)</b>	Research in Nursing & Health; Oncology Nursing Forum; Jones & Bartlett, Publisher
<b>Recognition</b>	Inducted, Fellow of the American Academy of Nursing, 1995; Recipient, Ellyn Bushkin Friend of the Foundation Award, Oncology Nursing Foundation; Co-recipient, Oncology Nursing Press, Susan Baird Excellence in Writing Award for Nursing Research; Co-recipient, Pharmacia & Upjohn Quality of Life Award for Nursing Research; Member, Washington State Cancer Control Partnership—Medical Care Committee
<b>Presentations, Poster Sessions since 2000</b>	29

<b>Name</b>	<b>Anne Hirsch, Professor</b>
<b>Credentials</b>	Doctor of Nursing Science, Family Nurse Practitioner
<b>Area of Research</b>	Psychosocial Aspects of Infertility, Cardiovascular Health, Women's Health, HIV/AIDS Prevention, Nursing Education
<b>Funded Extramural Grants since 2000</b>	Higher Education Coordinating Board, 2000-03, 2002-03, 2003-04
<b>Peer Reviewed Articles since 2000</b>	53
<b>Editorial Review Activities (Names of Journals)</b>	Western Journal of Nursing Research Clinical Nursing Research
<b>Influence on Scientific and Public Policy</b>	51 <sup>st</sup> Governor's Industrial Safety and Health Conference – Presentations 2005, 2006, 2007, CNEWS Master Plan Design Team Chair
<b>Recognition</b>	Fellow for AACN Leadership for Academic Nursing Programs, Helene Fuld Health Trust
<b>Presentations, Poster Sessions since 2000</b>	175

<b>Name</b>	<b>Renee Hoeksel, Professor</b>
<b>Credentials</b>	PhD Nursing, Certified Critical Care Nurse
<b>Area of Research</b>	Qualitative, Quantitative, Feminist Theory, Women's Health, Intervention, Clinical Research, Statistical Methods, Causal Modeling, Cancer Survivorship, Childhood Obesity, Diabetes Risk, Gerontology, Pain Management, Acute Care, Critical Care
<b>Funded Extramural Grants since 2000</b>	US DHHS/ Health Resources & Services Administration, Pfizer, Holy Family Foundation, Delta Chi Chapter of Sigma Theta Tau, NW Health Foundation, SW Regional Research Partnership, Southwest Washington Medical Center, Samuel Johnson Foundation
<b>Peer Reviewed Articles since 2000</b>	85
<b>National Scientific Review Activities</b>	US DHHA/ Health Resources & Services Administration, Grant Reviewer; Western Institute of Nursing, Abstract Reviewer
<b>Editorial Review Activities (Names of Journals)</b>	Evidence Based Nursing, Nurses as Consultants
<b>Recognition</b>	Washington State Nurses Association; Hartford Scholar; Delta Chi chapter of Sigma Theta Tau
<b>Presentations, Poster Sessions since 2000</b>	178

<b>Name</b>	<b>Louise Kaplan, Assistant Professor</b>
<b>Credentials</b>	PhD Health Policy, Advanced Registered Nurse Practitioner, Family Nurse Practitioner
<b>Area of Research</b>	Nurse Practitioners and Prescribing Schedule II-IV Drugs, Nurse Legislators and Their Influence on Health Policy, Evaluation of the University of Washington Doctor Of Nursing Practice Program, Prescribing Competencies
<b>Funded Extramural Grants since 2000</b>	American Association of Nurse Anesthetists, Southwest Washington Medical Center Foundation, Pfizer, Washington State Nurses Foundation, Ft. Vancouver District Nurses Association, Professional Nursing and Health Care Council of the Washington State Nurses Association
<b>Peer Reviewed Articles since 2000</b>	10 with three scheduled for publication
<b>Editorial Review Activities (Names of Journals)</b>	Reviewer. Health Policy and Politics. Delmar Press. American Journal for Nurse Practitioners

<b>Name</b>	<b>Louise Kaplan, Assistant Professor</b>
<b>Influence on Scientific and Public Policy</b>	Testimony to Washington State Legislature (5 times since 2000); Testimony to the Washington State Department of Health ,Current member of the Washington State Health Technology Clinical Committee, Current member of the Washington State Nurses Association's (WSNA) Legislative and Health Policy Council, Former member of the American College of Nurse Practitioners Public Policy Committee
<b>Recognition</b>	Faculty Excellence in Teaching Award, ICN; Graduate Faculty Teaching Award, ICN; Nurse Researcher of the Year, WSNA; American Nurses Association Honorary Membership Award awarded by WSNA(President, Chair, Board Member)
<b>Presentations, Poster Sessions since 2000</b>	24

<b>Name</b>	<b>Suzan Kardong-Edgren, Assistant Professor</b>
<b>Credentials</b>	PhD in health education, MS in maternal child health nursing
<b>Area of Research</b>	Use of technology to improve learning, simulation, cultural competency
<b>Funded Extramural Grants since 2000</b>	Delta Theta Chapter of STTI- Laerdal Corporation/American Heart Association, Elsevier Publishing, National League for Nursing, Washington Center for Nursing
<b>Peer Reviewed Articles since 2000</b>	5
<b>Editorial Review Activities (Names of Journals)</b>	Interim Editor in Chief- <i>Clinical Simulation in Nursing Education</i> , Reviewer for <i>Nursing Education Perspectives</i> and <i>JOGNN</i>
<b>Recognition</b>	University of Texas at Arlington-Nominated for Chancellor's Teaching Award, American Association of Colleges of Nursing /Helene Fuld Leadership Development Fellow, Great 100 Nurses of Dallas/Ft. Worth, University of Texas at Arlington-Nominated for Provost Teaching Award
<b>Presentations, Poster Sessions since 2000</b>	39

<b>Name</b>	<b>Janet Katz, Assistant Professor</b>
<b>Credentials</b>	PhD in Leadership
<b>Area of Research</b>	Native American Access to the Health Professions; Qualitative; Case Study; Quantitative; Evaluation
<b>Funded Extramural Grants since 2000</b>	Group Health Community Foundation, Washington State Nurses Association Foundation, Delta Chi Chapter of Sigma Theta Tau; Janssen Pharmaceuticals
<b>Peer Reviewed Articles since 2000</b>	3, Co-Author of a Peer Reviewed Book
<b>Editorial Review Activities (Names of Journals)</b>	American Journal of Nursing
<b>Influence on Scientific and Public Policy</b>	Testimony to United Nations Spokane Community Hearings; United Nations World Summit for Children
<b>Recognition</b>	Cooperative Leadership Achievement Award, Group Health Cooperative; Washington State Health Professional Tuition Scholarship, HEC Board
<b>Presentations, Poster Sessions since 2000</b>	9

<b>Name</b>	<b>Kris Miller, Associate Professor</b>
<b>Credentials</b>	Doctorate in Nursing Science
<b>Area of Research</b>	Qualitative, Children's Piagetian Causal Reasoning about Health Concepts, Quantitative, Youth Health Promotion
<b>Funded Extramural Grants since</b>	Group Health/Kaiser Permanente Community Foundation, Helen Fuld Health Trust

<b>2000</b>	
<b>Peer Reviewed Articles since 2000</b>	7
<b>Editorial Review Activities (Names of Journals)</b>	J. of the Society of Pediatric Nurses, J. for Specialists in Pediatric Nursing
<b>Recognition</b>	Jean Otto Award for Professional Contribution and Service, Association of Camp Nurses
<b>Presentations, Poster Sessions since 2000</b>	3

<b>Name</b>	<b>Janet Purath, Assistant Professor</b>
<b>Credentials</b>	PhD Nursing, Advanced Registered Nurse Practitioner
<b>Area of Research</b>	Physical activity, women's health, health promotion
<b>Funded Extramural Grants since 2000</b>	Sigma Theta Tau, Delta Chi Research Award, 2005; Sigma Theta Tau, Delta Chi Research Award, 2004; Seth Rosen Research Award, University of Illinois at Chicago, 2001; Kinely Award, Purdue University, 2000; Public Health Service, Division of Nursing. # F31NR07566-01. NRSA 2000-2002.
<b>Peer Reviewed Articles since 2000</b>	2
<b>Recognition</b>	2004 Sigma Theta Tau, Delta Omicron. <i>Award for Excellence in Clinical Practice</i> , 2003 Midwest Nursing Research Society. Women's Health Research Section <i>Young Investigator Award</i>
<b>Presentations, Poster Sessions since 2000</b>	9

<b>Name</b>	<b>John M. Roll, Associate Dean of Research</b>
<b>Credentials</b>	PhD
<b>Area of Research</b>	Substance Abuse, Mental Health, Behavioral Health Care, Behavioral Pharmacology
<b>Funded Extramural Grants since 2000</b>	<p>Persistence of Behavior Changes: Reinforcement Schedule Effects (RO1/NIDA) \$1,269,128 (Principal Investigator) 2003-2008. The major goal of this project is to assess the degree to which the procedure used to deliver a contingency management intervention can influence the duration of behavior change that results from the intervention.</p> <p>Contingency Management: Duration Effects (RO1 / NIDA) \$1,285,163 (Principal Investigator), (2004 -2008). The major goal of this project is to determine what the optimal duration of a contingency management intervention for stimulant abuse should be when delivered in conjunction with a psychosocial treatment package.</p> <p>Adherence Trajectories Across Behaviors &amp; Associated Impact on Quality of Life (OBSSR) HMC Supplement \$150,000 Susan Hughes, DSW, Principal Investigator, Marcia Ory, Ph.D., MPH, Diane Elliot, MD, Robert Friedman, MD, Robert Klesges, PhD, Brian Martinson, PhD, Kimberly Kirby, PhD, John Roll, PhD, Geoffrey Williams, MD, PhD</p> <p>Transbehavioral and Quality of Life Outcomes: Cross-Site Analyses and Resources (OBSSR) HMC Supplement \$150,000 Deborah Toobert, Ph.D., Russell Glasgow, Ph.D., Diane Elliot, MD, Geoffrey Williams, MD, Ph.D., Sue Hughes, DSW, John Roll, Ph.D., Marcia Ory, Ph.D.</p> <p>Identifying Components of HMC Interventions that Predict Outcomes (OBSSR) HMC Supplement \$150,000 Jim McKay, Ph.D., Diane Elliot, MD, Geoffrey Williams, MD, Ph.D., Deborah</p>

<b>Name</b>	<b>John M. Roll, Associate Dean of Research</b>
	<p>Toobert, Ph.D., John Roll, Ph.D., Kim Kirby, Ph.D., Shirley Beresford, Ph.D., Brian Martinson, Ph.D., Barbara Rimer, DrPH, Steve Belle, Ph.D., Sara Czaja, Ph.D., Marcia Ory, Ph.D., Joseph Sharkey, Ph.D.</p> <p>Designing Pragmatic Contingency Management Interventions (WSU Drug and Alcohol Abuse program) (Principal Investigator) \$30,000.00. The major goal of this project is to isolate active component of a proven behavioral intervention for substance abuse treatment.</p> <p>Comparison of School Environmental Changes to Individual and Family Interventions as Methods for Reducing Obesity in Adolescence (United States Department of Agriculture) \$1,350,000.00 (Sub-Investigator). The long-term goal of this proposed integrated project is to improve the health of middle schools students and to prevent the development of obesity during adolescence.</p> <p>Contingency Management of Psychostimulant Abuse in the Severely Mentally Ill (RO1 NIDA) \$1,522,613 (Co-Investigator). The long-term goal of this project is to test the efficacy of a contingency management procedure for treating drug addiction among the seriously mentally ill (2007-2011).</p> <p>Contingency Management in the treatment of Co-Occurring Psychiatric Disorders. (WSU Drug and Alcohol Abuse program) (CO- Investigator) \$30,000.00. The major goal of this project is to develop a model utilizing behavior therapy as an approach to the treatment of stimulant addiction among individuals with a psychiatric disorder.</p> <p>Program of Excellence in the Addictions (DOJ). (PI). \$514,415. The major goal of this funding is to establish a self-sustaining program of excellence in the addictions with an initial focus on methamphetamine.</p>
<b>Peer Reviewed Articles since 2000</b>	<p>Chermack, S. T., Roll, J. M., Reilly, M. P., Davis, L., Kilaru, U., &amp; Grabowski, J. (2000). Comparison of patient self-reports and urine drug screening results obtained under naturalistic methadone treatment conditions, <u>Drug and Alcohol Dependence</u>, <u>59</u>, 43-49</p> <p>Roll, J. M., &amp; Higgins, S. T. (2000). A within-subject comparison of three different schedules of reinforcement of drug abstinence using cigarette smoking as an exemplar, <u>Drug and Alcohol Dependence</u>, <u>58</u>, 103-109.</p> <p>Roll, J. M., Reilly, M. P., &amp; Johanson, C-E. (2000). A laboratory analog examining the influence of exchange delays on the efficacy of an alternative source of reinforcement in preventing human drugs self-administration using cigarette smoking as an exemplar, <u>Experimental and Clinical Psychopharmacology</u>, <u>8</u>, 366-370</p> <p>Corby, C. A., Roll, J. M. Ledgerwood, D., &amp; Schuster, C. R. (2000). Contingency management interventions for treating the substance abuse of adolescents: A feasibility study. <u>Experimental and Clinical Psychopharmacology</u>, <u>8</u>, 371-376</p> <p>Reilly, M. P., Roll, J. M., &amp; Downey, K. (2000). Impulsivity and voucher versus Money preference in polydrug dependent participants enrolled in a contingency-management based substance abuse treatment program. <u>Journal of Substance Abuse Treatment</u>, <u>19</u>, 253-257</p> <p>Petry, N. M. &amp; Roll, J. M. (2001). A behavioral analysis of pathological gambling. <u>Seminars in Clinical Neuropsychiatry</u>, <u>6</u>, 177-183</p> <p>Burdon, W., Roll, J. M., Prendergast, M., &amp; Rawson, R. (2001). Drug courts and</p>

Name	<b>John M. Roll, Associate Dean of Research</b>
	<p>contingency management. <u>Journal of Drug Issues</u>, <u>31</u>, 73-90</p> <p>Alessi, S. M., Roll, J. M., Reilly, M. P., &amp; Johanson C-E (2002). Establishment of a diazepam preference in human volunteers following a differential conditioning history of placebo versus diazepam choice. <u>Experimental and Clinical Psychopharmacology</u>, <u>10</u>, 77-83</p> <p>Alessi, S. M., Roll, J. M., Reilly, M. P., &amp; Johanson C-E (2002). Commentary on conditioned reinforcement. <u>Experimental and Clinical Psychopharmacology</u>, <u>10</u>, 101-103</p> <p>Chapman, M. A., Roll, J. M., Park, S., &amp; Galloway, M. P. (2003). Extracellular glutamate decreases in accumbens following cued food delivery. <u>Neuroreport</u>, <u>23</u>, 991-994</p> <p>Helmus, T.C., Saules, K.K., Schoener, E.P., &amp; Roll, J.M. (2003). Reinforcement of counseling attendance and alcohol abstinence in a community-based dual diagnosis treatment program: A feasibility study. <u>Psychology of Addictive Behaviors</u>, <u>17</u>, 249-251</p> <p>Rhodes, GL, Saules, KK, Helmus, TC, Roll, J, Beshears, RM, Ledgerwood, DM, Schuster, CR. (2003) Improving on-time counseling attendance in a methadone treatment program: A contingency management approach. <u>American Journal of Drug and Alcohol Abuse</u>, <u>29</u>, 759-773</p> <p>Roll, J. M., S. Chermack, &amp; J. Chudzynski (2004). Contingency management in the treatment of cocaine abuse among individuals with schizophrenia. <u>Psychiatry Research</u>, <u>30</u>, 61-64</p> <p>Roll, J.M., Saules, K.K., Chudzynski, J., &amp; Sodano, R. (2004). Relationship between tridimensional personality questionnaire scores and clinic attendance among cocaine abusing, buprenorphine maintained, outpatients. <u>Substance Use and Misuse</u>, <u>39</u>, 1025-1040</p> <p>Roll, J. M., G. Richardson, &amp; J. Chudzynski (2005). Potential sources of reinforcement and punishment in a drug-free treatment clinic: Client and staff perceptions. <u>American Journal of Drug and Alcohol Abuse</u>, <u>31</u>, 21-33.</p> <p>Petry, N. M., Peirce, J., Stitzer, M., Blaine, J., Roll, J. M., et al (2005). Prize-based incentives increase retention in outpatient psychosocial treatment programs: Results of the national drug abuse treatment clinical trials network study <u>Archives of General Psychiatry</u>, <u>62</u>, 1148-1156.</p> <p>Roll, J. M., Prendergast, M. L., K. Sorensen, S. Prakash, &amp; J. Chudzynski (2005). A comparison of voucher exchanges between criminal justice involved and noninvolved participants enrolled in voucher-based contingency management drug abuse treatment programs <u>American Journal of Drug and Alcohol Abuse</u>, <u>31</u>, 393-401.</p> <p>Roll, J. M., Prendergast, M. L., K. Richardson, W. Burdon, &amp; A. Ramirez (2005). Identifying predictors of treatment outcome in a drug court program. <u>American Journal of Drug and Alcohol Abuse</u>, <u>31</u>, 641-656</p> <p>Roll, J. M. (2005) Using contingency management to modify the cigarette Smoking behavior of adolescents. <u>Journal of Applied Behavior Analysis</u>, <u>38</u>, 463-467.</p>

Name	<b>John M. Roll, Associate Dean of Research</b>
	<p>Johanson, C-E, Frey, K. A., Lundhal, L., Keenan, P., Lockhart, N., Roll, J., Galloway, G., Koeppe, R. A., Kilbourn, M. R., Robbins, T., &amp; Schuster, C. R. (2006). Brain function and nigrostriatal markers in long-term abstinent methamphetamine abusers. <u>Psychopharmacology</u>, 185, 327-338.</p> <p>Roll, J. M., Huber, A., Sodano, R., Chudzynski, J., Moynier, E. &amp; Shoptaw, S. (2006). A comparison of five reinforcement schedules for use in contingency management-based treatment of methamphetamine abuse, <u>Psychological Record</u>, 56, 67-81</p> <p>Roll, J. M. &amp; Shoptaw, S. (2006). Contingency management for the treatment of methamphetamine abuse: Schedule Effects. <u>Psychiatric Research</u>. 144, 91-93</p> <p>Pierce, J., Petry, N. M., Stitzer, M., Blaine, J., Kellogg, S., Besteman, K., Satterfield, F., Schwartz, M., Krasnasky, J., Pencer, E., Silva-Vasquez, Kirby, K., Royer-Malvestuto, Roll, J. M. et al. (2006). Lower-cost incentives increase stimulant abstinence in methadone maintenance community treatment: Results of the national drug abuse treatment clinical trials network multi-site study. <u>Archives of General Psychiatry</u>, 63, 201-208.</p> <p>Petry, N. M., Kolodner, K., Li, R. , Peirce, J., Roll, J. M., Stitzer, M., &amp; Hamilton, J. (2006). Prize-based contingency management does not increase gambling. <u>Drug and Alcohol Dependence</u>, 83, 269-273.</p> <p>Shoptaw, S., Huber, A., Peck, J., Yang, X., Liu, J., Roll, J., Shapiro, B., Rotheram-Fuller, E., &amp; Ling, W. (2006). Randomized, Placebo-Controlled Trial of Sertraline and Contingency Management for the Treatment of Methamphetamine Dependence. <u>Drug and Alcohol Dependence</u>, 85, 12-18.</p> <p>Roll, J. M., Petry, N. M., Stitzer, M. L., Brecht, M. L., Peirce, J. M., McCann, M. J., Blaine, J., MacDonald, M., DiMaria, J., Lucero, L., &amp; Kellog, S. (2006). Contingency management for the treatment of methamphetamine abuse. <u>American Journal of Psychiatry</u>, 169, 1993-1999.</p> <p>Prendergast, M., Podus, D., Finney, J., Greenwell, L., &amp; Roll, John (2006). Contingency management for treatment of substance use disorders: A meta-analysis. <u>Addiction</u>, 101, 1546-1560.</p> <p>Heinzerling, K., Shoptaw, S., Peck, J., Yang, X., Liu, J., Roll, J., &amp; Ling, W. (2006). Randomized, placebo-controlled trial of baclofen and gabapentin for the treatment of methamphetamine dependence. <u>Drug and Alcohol Dependence</u>, 85, 177-184</p> <p>Roll, JM (2007) Contingency-Management: An Evidence-Based Component of Methamphetamine Use Disorder Treatments. <u>Addiction</u>, 102, 114-120.</p> <p>Stitzer ML, Peirce J, Petry NM, Kirby K, Roll J, Krasnansky J, Cohen A, Blaine J, Vandrey R, Kolodner K, Li R. (2007). Abstinence-based incentives in methadone maintenance: interaction with intake stimulant test results. <u>Experimental and Clinical Psychopharmacology</u>, 5, 344-50.</p> <p>Stitzer ML, Petry N, Peirce J, Kirby K, Killeen T, Roll J, Hamilton J, Stabile PQ, Sterling R, Brown C, Kolodner K, Li R. (2007). Effectiveness of abstinence-based incentives: interaction with intake stimulant test results. <u>Journal of Consulting and Clinical Psychology</u>, 75:805-11.</p> <p>Rodgers, M., Norell, D., Roll, J. M. &amp; Dyck, D., (2007). An Overview of Mental</p>

<b>Name</b>	<p><b>John M. Roll, Associate Dean of Research</b></p> <p>Health Recovery. <u>Primary Psychiatry</u>, 12, 76-85.</p> <p>Prendergast, M.L., Hall, E.A., Roll, J, Warda, U. (2008). Use of vouchers to reinforce abstinence and positive behaviors among clients in a drug court treatment program. <u>Journal of Substance Abuse Treatment</u> 35:125-36.</p> <p>Petry, N. M., Roll, J. M., Rounsaville, B., Ball, S., Stitzer, M., Peirce, J. M., Blaine, J., Kirby, K., McCarty, D., Carroll K. (in press). Serious adverse events in randomized psychosocial treatment studies: Safety or Arbitrary Edicts? <u>Journal of Consulting and Clinical Psychology</u></p> <p>Roll, J. M., Howard, J. (in press). Economic gain versus economic loss: Role of reinforcer valence in initiating abstinence. <u>Journal of Applied Behavior Analysis</u></p> <p>Silverman, K., Roll, J. M., &amp; Higgins, S. T. (In Press) Introduction to the Special Issue on the Behavior Analysis and Treatment of Drug Addiction. <u>Journal of Applied Behavior Analysis</u></p> <p>Peirce, J.M., Petry, N.M., Roll, J.M., Kolodner, K., Krasnansky, J., Stabile, P.Q., Brown, C., Stitzer, M.L. (In Press). Correlates of stimulant abstinence and retention in substance abuse treatment conducted with and without abstinence incentives. <u>American Journal of Alcohol and Drug Dependence</u></p>
<b>National Scientific Review Activities</b>	<p>Permanent Member – Training and Career Development Awards (NIDA)</p> <p>Reviewer – BRLE (NIDA)</p> <p>Reviewer - Medication Development Research Subcommittee (NIDA)</p> <p>Reviewer – CDC Office of Extramural Research</p> <p>Reviewer - Cognition and Perception Study Section Special Emphasis Panel (NIDA)</p> <p>Reviewer - Adolescent Substance Abuse Treatment in Primary Care Settings –RFA (NIDA)</p> <p>Reviewer – Clinical Trials Network special emphasis panel (NIDA) and site visitor</p> <p>Reviewer - Research Ethics study section (NIH)</p> <p>Reviewer- Neurobiology of behavioral treatment: Recovery of Brain Structure and Function- RFA (NIDA)</p> <p>Reviewer- Social neuroscience- RFA (NIDA)</p> <p>Reviewer for Department of Veterans Affairs MERIT awards</p> <p>Reviewer of NIH/NIDA Behavioral Science Transition Awards (B/START)</p> <p>Reviewer of SAMHSA substance Abuse treatment grants (methamphetamine)</p>
<b>Editorial Review Activities (Names of Journals)</b>	<p>Journal of the Experimental Analysis of Behavior (Editorial Board member 2003-2006)</p> <p>Past Editor - Psychopharmacology and Substance Abuse (Division 28 of the American Psychological Association's newsletter)</p> <p>Journal of Applied Behavior Analysis (Guest Editor; Editorial Board 2008)</p> <p>Substance Abuse Treatment, Prevention, and Policy (Reviewer)</p> <p>Current Drug Abuse Reviews (Reviewer)</p> <p>The American Journal on Addictions (Reviewer)</p> <p>Archives of General Psychiatry (Reviewer)</p> <p>Cochrane Reviews (Reviewer)</p> <p>Psychiatric Service (Reviewer)</p> <p>Physiology &amp; Behavior (Reviewer)</p> <p>Experimental and Clinical Psychopharmacology (Reviewer)</p> <p>Drug and Alcohol Dependence (Reviewer)</p> <p>Journal of Experimental Psychology: Animal Behavior Processes (Reviewer)</p> <p>Journal of Consulting and Clinical Psychology (Reviewer)</p> <p>The Journal of Behavioral Health Services &amp; Research (Reviewer)</p>



<b>Name</b>	<b>John M. Roll, Associate Dean of Research</b>
	Psychopharmacology (Reviewer) Behavioural Pharmacology (Reviewer) Psychological Assessment (Reviewer) Journal of Substance Abuse Treatment (Reviewer) Pharmacology Biochemistry and Behavior (Reviewer) Journal of Psychoactive Drugs (Reviewer) Journal of Comparative Psychology (Reviewer) Psychology of Addictive Behaviors (Reviewer) Addiction (Reviewer)
<b>Influence on Scientific and Public Policy</b>	Vice Chair of the WA State Governor's Council on Substance Abuse
<b>Recognition</b>	Fellow in the American Psychological Association
<b>Presentations, Poster Sessions since 2000</b>	<p>Roll, J. M., Alessi, S., Reilly, J. M., &amp; Johanson, C-E (2000). Conditioned preference for diazepam vs. placebo. <u>Drug and Alcohol Dependence</u></p> <p>Chan, K. K., Huber, A., Roll, J. M., &amp; Gulati, V. (2000). Contingency management and antisocial personality disorder. <u>Drug and Alcohol Dependence</u></p> <p>Moore, G. J., Aranas, R., Roll, J. M., Tiffany, S. T., &amp; Johanson, C-E. (2000). Using verbal stimuli to induce craving in an fMRI environment. <u>Drug and Alcohol Dependence</u></p> <p>Prendergast, M., &amp; Roll, J. M. (2000). A Randomized study of the use of vouchers to improve performance among drug court clients. Panel presentation on "Research on Drug Courts Sponsored by the National Institute on Drug Abuse" at the American Society of Criminology, San Francisco, CA, November 15-18, 2000</p> <p>Richardson, K., Roll, J. M., &amp; Prendergast, M. (2001). Predictors of success in a drug court treatment setting. Presented at the annual meeting of the American Society of Addiction Medicine, Los Angeles, CA</p> <p>Roll, J. M., &amp; Prendergast, M. (2001). Contingency management in a drug court setting. Presented at the Annual Meeting of the Association of Behavior Analysis, New Orleans, LA</p> <p>Richardson, K., Roll, J. M., &amp; Prendergast, M. (2001). Predictors of success in a drug court treatment setting. <u>Drug and Alcohol Dependence</u></p> <p>Roll, J. M., &amp; Prendergast, M. L. (2001). Contingency management in a drug court setting. <u>Drug and Alcohol Dependence</u></p> <p>Schoner, G., Downey, K., Roll, J. M., Helmus, T., &amp; Rhoades (2001). Reinforcement of counseling attendance and alcohol abstinence in a community-based dual diagnosis treatment program. <u>Drug and Alcohol Dependence</u></p> <p>Ring, C., Roll, J. M., Huber, A. Shoptaw, S., &amp; Prakash, S. (2001). Patterns of other drug use by methamphetamine abusers. <u>Drug and Alcohol Dependence</u></p> <p>Capulong, N., Sodano, R., Roll, J.M., Huber, A., &amp; Shoptaw, S. (2002). Improvement in liver function tests during treatment for methamphetamine abuse. <u>Drug and Alcohol Dependence, 26</u></p> <p>Chudzynski, J., Acheson, S., &amp; Roll, J.M. (2002). A comparison of prevention programs for combating alcohol misuse on college campuses. <u>Drug and Alcohol Dependence, 32</u></p>

Name	John M. Roll, Associate Dean of Research
	<p>Gulati, V., Huber, A., Capulong, N., Roll, J.M., &amp; Ling, W. (2002). Prevalence of hepatitis virus among primary methamphetamine abusers. <u>Drug and Alcohol Dependence</u>, 70</p> <p>Roll, J.M., &amp; Prakash, S. (2002). Contingency management for treating adolescent cigarette smokers. <u>Drug and Alcohol Dependence</u>, 149</p> <p>Sodano, R., Capulong, N., Roll, J.M., Huber, A., &amp; Shoptaw, S. (2002). Weight change during treatment for methamphetamine abuse. <u>Drug and Alcohol Dependence</u>, 167</p> <p>Stote, D., Newton, T.F., Kalechstein, A.D., &amp; Roll, J.M. (2002). Is priming by cocaine context-dependent? <u>Drug and Alcohol Dependence</u>, 175</p> <p>Chudzynski, J., Roll, J.M., Wolf, R., &amp; Wegner, A. (2003). Naturalistic observations of polysubstance use among methamphetamine abusers. <u>Drug and Alcohol Dependence</u>.</p> <p>Roll, J.M., Richardson, G., Prakash, S., Brethen, P., &amp; Chudzynski, J. (2003). Contingency management for the treatment of adolescent substance abuse: Pilot studies. <u>Drug and Alcohol Dependence</u></p> <p>Prendergast M., &amp; Roll, J. M. (2002). Evaluating voucher-based contingencies in a drug court setting. Presented at the Academy of Criminal Justice Sciences. Anaheim, CA</p> <p>Roll, J.M., &amp; Chudzynski, J. (2003). The novelty of GHB among drugs of abuse. Presented at the National Conference on GHB. Orlando, FL</p> <p>Chudzynski, J., &amp; Roll, J.M. (2003). Using contingency management techniques to promote abstinence and foster treatment engagement among adolescents attempting to quit cigarette smoking. Presented at the Association for the Advancement of Behavior Therapy in Boston, MA</p> <p>Roll, J.M., &amp; Chudzynski, J. (2003). Integrating contingency management and cognitive behavioral therapy for the treatment of methamphetamine dependence. Presented at the Association for the Advancement of Behavior Therapy in Boston, MA</p> <p>Campos, M., Prendergast, M. L., &amp; Roll, J. M. (2004). Socialization and outcomes in a drug court with contingency management. Presented at the American Psychological Association's annual convention, Honolulu Hawaii</p> <p>Prendergast, M. L., Roll, J. M., &amp; Hall, E. (2004). Contingency management and judicial supervision in treating drug abusing offenders. Presented at the American Psychological Association's annual convention, Honolulu Hawaii</p> <p>Roll, J. M. (2004). GHB: Human behavioral pharmacology, Roll, J. M. &amp; France, C. (Chairs). Presented at the American Psychological Association's annual convention, Honolulu Hawaii</p> <p>Chudzynski, J. E., Roll, J. M., &amp; Harding, C. (2004) Roll, J. M. (Chair). GHB: Basic human behavioral pharmacology. Presented at the annual meeting of the Association of Behavior Analysis, Boston, MA</p>

<b>Name</b>	<b>John M. Roll, Associate Dean of Research</b>
	<p>Roll, J. M., Newton, T., Chudzynski, J. E., &amp; Harding, C (2004). Roll, J. M. (Chair). Modulation of human methamphetamine self-administration by the provision of an alternative source of reinforcement. Presented at the annual meeting of the Association of Behavior Analysis, Boston, MA</p> <p>Roll, J. M., Prakash, S., &amp; Chudzynski, J. E. (2004) Roll, J. M. (Chair). Contingency management for treating adolescent cigarette smoking. Presented at the annual meeting of the Association of Behavior Analysis, Boston, MA</p> <p>Roll, J. M. &amp; Chudzynski, J. E. (2004). Contingency management for treating the cigarette smoking of adolescents: A pilot study. Presented at the annual meeting of the College on Problems of Drug Dependence in San Juan Puerto Rico</p> <p>Chudzynski, J. E., Mercado, P., Moynier, E. &amp; Roll, J. M. (2004). A comparison of psychiatric and demographic characteristics of female and male treatment-seeking methamphetamine users. Presented at the annual meeting of the College on Problems of Drug Dependence in San Juan Puerto Rico</p> <p>Harding, C., Tzortzias, D., Chudzynski, J. E., Newton, T., &amp; Roll, J. M. (2004). The effect of alternative sources of reinforcement on human methamphetamine self-administration. Presented at the annual meeting of the College on Problems of Drug Dependence in San Juan Puerto Rico</p> <p>Roll, J. M. (2004). Human methamphetamine self-administration and alternative sources of reinforcement: Laboratory and clinical data. Presented at the annual meeting of the Behavioral Pharmacology Society in Washington, DC</p> <p>Roll, J. M. (2004). Psychiatric comorbidity in a treatment seeking methamphetamine abusing population. Presented at the Washington State conference on Co-Occurring Disorders in Yakima, WA</p> <p>Roll, J. M. &amp; Hendryx, M. (2004). Turning treatment into prevention. at the Washington State prevention Summit in Yakima, WA</p> <p>Roll, J. M., Reilly, M., Johanson, C-E. (2005) Drugs as Conditioned Reinforcers. Presented at the Annual Meeting of the Association of Behavior Analysis</p> <p>Roll, J.M. (2006). Token-Reinforcement Schedules in Contingency Management Interventions for the Treatment of Substance Use Disorders. Presented at the annual meeting of the Association of Behavior Analysis</p> <p>Roll, J. M. (2007) Treating Methamphetamine Addiction: Contingency Management. Presented at the annual meeting of the Association of Behavior Analysis.</p> <p>Roll, J. M. (2008). Examining the Role of Punishment in Token Systems. Presented at the annual meeting of the Association of Behavior Analysis.</p> <p>LaVoy, M., Roll, J. M., &amp; Adair, T. (2008). Management of Post-Acute Traumatic Brain Injury. To be presented at the Annual Meeting of the American psychological Association.</p>

<b>Name</b>	<b>Lorna Schumann, Associate Professor</b>
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<b>Name</b>	<b>Lorna Schumann, Associate Professor</b>
<b>Credentials</b>	PhD, Adult Registered Nurse Practitioner, Family Nurse Practitioner, Fellow of the American Academy of Nurse Practitioners
<b>Area of Research</b>	
<b>Funded Extramural Grants since 2000</b>	Heart to Heart International, Teva Marion Partners International, 2 grants
<b>Peer Reviewed Articles since 2000</b>	7
<b>Influence on Scientific and Public Policy</b>	Met 4 times with Idaho Senators and House Representatives in Wash. DC to give testimony on health care issues
<b>Recognition</b>	Nurse Practitioner of the Year for Washington State and Idaho; Inducted, Fellow, American Academy of Nurse Practitioners; Several national mentoring awards and nurse competency validation panels
<b>Presentations, Poster Sessions since 2000</b>	8

<b>Name</b>	<b>Billie Severtson, Associate Professor</b>
<b>Credentials</b>	PhD, RN
<b>Area of Research</b>	Qualitative inquiry – culture of nursing – oppressive cultures – nursing education – finding meaning in life experiences- - ethical decision making
<b>Peer Reviewed Articles since 2000</b>	Interpretive Pedagogies in Health Care Education (One chapter) 2003, Storytelling as Cultural Assessment, NLN 2000, Education for Caring Practice, NLN 2001
<b>Influence on Scientific and Public Policy</b>	Ethics Consultant, Consultant to discernment as part of group work
<b>Recognition</b>	WSU Excellent in Ethics Award, Faculty Excellence Award (Nursing), Mentor of the Year Award (WSU)
<b>Presentations, Poster Sessions since 2000</b>	Invited Podium presentation: 2000, 2001, 2004 - - Poster presentation: 2003, 2006 (2 posters presented in 2006)

<b>Name</b>	<b>Denise Smart, Assistant Professor</b>
<b>Credentials</b>	RN, BSN, MPH, DrPH Air National Guard Public Health Officer (LTC)
<b>Area of Research</b>	Maternal Child, Cesarean Section Reduction
<b>Peer Reviewed Articles since 2000</b>	Author: Instructor Manual for Community Health Nursing Textbook (2007)
<b>Influence on Scientific and Public Policy</b>	Current member of Spokane Regional Health Department Pandemic Influenza Subcommittee
<b>Recognition</b>	Loma Linda University Health Education/Health Promotion Hilda Crook Award (2002), Air National Guard Achievement Award (2006)

<b>Name</b>	<b>Mary Sobralske, Assistant Profession</b>
<b>Credentials</b>	PhD, MSN, RN, ARNP, CTN
<b>Area of Research</b>	Latino Men's Health Status, Transcultural Health Care
<b>Funded Extramural Grants since 2000</b>	6
<b>Peer Reviewed Articles since 2000</b>	11
<b>National Scientific Review Activities</b>	Ireland Health Research Board for post-doctoral research fellowships
<b>Editorial Review Activities (Names of Journals)</b>	Journal of Transcultural Nursing, Journal of the American Academy of Nurse Practitioners

<b>Name</b>	<b>Mary Sobralske, Assistant Profession</b>
<b>Influence on Scientific and Public Policy</b>	Cultural Competency in Health Care
<b>Recognition</b>	Lifetime Achievement Award- Transcultural Nursing Society, Academic scholarship awarded by the Transcultural Nursing Society for doctoral studies in Transcultural Health and Educational Leadership. Travel award to present at Annual AANP Conference, Sigma Theta Tau Honor Society, Delta Chi Chapter at Large.
<b>Presentations, Poster Sessions since 2000</b>	25

<b>Name</b>	<b>Roxanne Vandermause, Assistant Professor</b>
<b>Credentials</b>	PhD, RN, CARN
<b>Area of Research</b>	Addictions, women's mental health, substance use assessment in primary care settings using interpretive phenomenology ( including Heideggerian hermeneutics), portraiture, and participatory research methods
<b>Funded Extramural Grants since 2000</b>	International Nurses Society on Addictions, 2003, Sigma Theta Tau International Beta Eta Chapter, 2002
<b>Peer Reviewed Articles since 2000</b>	2 authored, 5 co-authored
<b>National Scientific Review Activities</b>	Grant reviewer, International Nurses Society on Addictions
<b>Recognition</b>	International Nurses Society on Addictions 2003 Annual Research Award Gwen Shapiro Distinguished Scholar Award, 2002-2003, Mission to New York awardee, 2006
<b>Presentations, Poster Sessions since 2000</b>	10



Response to Reviews  
Doctor of Nursing Practice (DNP) Proposal  
Washington State University College of Nursing  
July 22, 2010

I. Review by Dr. Nancy Woods, University of Washington

Dr. Woods' review was thorough and began with background information about the growing expectations for advanced clinical practice by nurse practitioners, and cites the leading role that nursing education in Washington State has played within the national nursing arena. The UW DNP work has been published in a series of journal papers and is widely used throughout the country. This work is foundational to and supportive of the American Association of Colleges of Nursing (AACN) statement that the DNP should be required by all nurse practitioners by 2015, and that expectation will be the foundation of AACN program accreditation.

Dr. Woods then notes several supporting statements about the WSU proposal, including:

- Offering both full-time and part-time options is consistent with the WSU mission and the need for many nurses to remain employed while seeking higher education, both for financial reasons and to meet the significant need for nurses in the state.
- Use of educational technology is well-established at the WSU College of Nursing and is a strength of the proposed program.
- Facilities and enrollments are appropriate for the university.
- At the end of her review, Dr. Woods noted that the UW DNP program has been designed as a fee-based program. While we at the WSU College of Nursing explored that option, it appeared to us to be very expensive for students and might cause students to travel to other locations for education. We therefore focused our program to reallocate funds from the Masters in Nursing program in a gradual manner as we grow the new DNP program. See pgs 7-8 for a graphic of the present and proposed graduate programs; pg 45, Table 14a for a description of the decrease in the masters program with concomitant increase in DNP enrollment; and pg 48, Table 16 for funding, including reallocation, for the fiscal management of the DNP program. We believe that this approach strongly aligns with our commitment to deliver higher education at the most reasonable cost for Washington residents, maintain high educational standards, and meet the recommendations of national and state needs/requirements for advanced clinical nursing practice.

The comments that Dr. Woods made that may need clarification are the following:

- She notes that the primary need for DNP programs is to provide advanced *clinical* practitioners so that our reference to preparation of nurse *educators* should not be mistaken as the primary role of the DNP program. She is correct in stating that our primary objective is to prepare clinical practitioners, and most graduates are expected to perform in that role. However, we also recognize that the growth in DNP programs will require that some DNPs take on the additional role of educator. WSU College of Nursing has a strong history of preparing nurse educators (we offer a certificate in nursing education) so entities around the state and region will look to us to provide a user-friendly program that will assist interested graduates in functioning both as a clinician and as an educator. These DNPs who also choose to be involved in education play an important role in DNP programs, educating the next cohorts of DNP clinicians. The WSU DNP proposal clearly describes on pgs 12-13 the roles of educator and primary care provider, both of which are experiencing acute shortages.
- Dr. Woods questioned whether WSU will offer a post-masters program or post-baccalaureate program for the DNP. The faculty have grappled with this question and believe that the present proposal, allowing us to begin a post-baccalaureate program in 2012 (see pg 25 in the proposal), while integrating the post-masters option at a later date when the highest level classes are offered (see pg 32 in the proposal), will allow us the greatest flexibility to respond to the market need and financial concerns in the coming years. The College of Nursing plans two activities for fall 2010, to proceed into 2011, that will provide further assistance in moving the presented curriculum into action. First, we are establishing an Implementation Committee to begin in August

2010, with representatives from all three tracks in the program and from both Spokane and Vancouver campuses, to establish a detailed implementation plan for the DNP. Second, we plan to invite a national DNP expert as a consultant to provide curricular and implementation review/feedback for the DNP proposal.

## II. Review by Dr. Mary Wright, North Dakota State University

Dr. Mary Wright's review was very detailed and was organized via the criteria she received for the analysis. Her major points addressed the following:

- Regarding Criterion 1 – production of well-trained nursing professionals – she noted the clear curriculum, quality of faculty, resources available for students, impressive collaborations, and clear program evaluation plan.
- Regarding Criterion 2 – coherent design and curriculum – Dr. Wright noted detailed course descriptions, a curriculum coherent with and justified by the AACN Essentials for Doctoral Education for Advanced Nursing Practice, clear contrast of the DNP and PhD programs, and accessibility for full-time and part-time study through distance education approaches. She notes what we believe is a well-developed part of the proposal, that of a strong evaluation plan that includes both internal and external review.
- Regarding Criterion 3 – consistency of the program with trends in the field – Dr. Wright noted that changes in health care, cultural sensitivity, health disparity, technology, interdisciplinary collaboration, and improvement of care are all addressed in the proposal. She further noted that the faculty are involved in health care innovation initiatives which position them to provide clinical experiences that produce graduates who are health care leaders.
- Lastly, Dr. Wright noted that there is an overwhelming demand for DNP graduates, especially in the present era of health care reform. She notes that the DNP graduate will provide direct patient care, and apply organizational and community leadership across settings and populations. Students themselves also demand this level of preparation to gain career mobility and flexibility and to be able to be creative nurse leaders.

There are no specific suggestions made by Dr. Wright for changes or considerations to the WSU DNP proposal. Her review reinforces our belief that the proposal is sound, considering curricular, fiscal, and professional contexts.

May 5, 2009

To: Howard Grimes, Dean of the Graduate School, Washington State University  
From: Nancy Woods, Professor, School of Nursing, University of Washington

Re: Proposal for the Doctor of Nursing Practice Degree Program

Thank you for inviting me to comment on the proposed Doctor of Nursing Practice Degree Program . As you know, the faculty from the School of Nursing at the University of Washington engaged the faculty from WSU College of Nursing (CON) in dialogue from the time we were awarded a grant from the Health Resources and Services Administration for our DNP program development. Since that time we have had continued discussion about both programs as well as the development of this innovative curriculum in the nation. My comments will be based on this prior set of discussions as well as the materials that were submitted for me to review and will include observations about the development of these programs in the nation.

#### Background

Washington State institutions of higher education have taken a leadership role in educating advanced practice nurses in this nation dating to the early 1970s when we originally offered certificate programs to prepare nurses to provide primary care to underserved populations, e.g. the poor in inner city communities, the elderly, and those living in rural areas. As we witness the escalating need for primary care and the gap between the available and needed primary care providers, we have attempted to prepare our graduates to fulfill the complex and growing expectations required for caring for Washington's citizens. Over the past three decades we established graduate programs for nurses to prepare them for roles as nurse practitioners and have awarded them the master of nursing or master of science degree. In recent years, the American Association of Colleges of Nursing and many faculties around the nation have identified the growing expectations for additional advanced clinical practice preparation, leadership and policy, and practice inquiry. We have also witnessed the growing number of graduate credits necessary to qualify our graduates to write the national certification examinations that are essential for their licensure as Advanced Registered Nursing Practitioners in Washington State. At minimum, the credit requirements for many of the MN or MS programs for advanced practice compare to those required for the Pharm D or the PhD and caused me (and others) to question why we were under-credentialing our graduates. Instead of changing the credential, the UW faculty undertook a total curriculum change. Three pillars undergird the curriculum for the DNP program at the University of Washington School of Nursing and these are being reflected in many programs throughout the nation. Our DNP faculty have published a series of papers (see Nursing Outlook 2006) that are being used widely in curriculum development efforts (cited as Brown et al, 2006, Magyary et al, 2006 and Draye et al 2006 in the references in the WSU proposal). The American Association of Colleges of Nursing has endorsed papers that stipulate the competencies of DNP programs, differentiating those expectations from those of the research doctorate in nursing (PhD). Accreditation of programs by the AACN will reflect consideration of the essentials of DNP education, as is the case for the BSN and MN programs in nursing. Many believe that the DNP should replace the current MN or MS degrees offered for preparing advanced practice nurses just as the Pharm D degree replaced the BS degree for pharmacy. For further information, the AACN website offers reference materials that may be useful for your review and that are cited in the WSU CON proposal.



My comments will be based on my current understanding of the DNP programs nationally and my familiarity with the proposed curricula for our DNP program/s at University of Washington.

1. Washington State University currently offers master degree programs preparing advanced practice nurses in three areas: family nurse practitioner, psychiatric-mental health nursing, and community health. The faculty is proposing to provide avenues by which students may complete the DNP requirements after they have earned the MN degree and also a post-baccalaureate entry program. The CON faculty anticipates offering full-time and part-time study, a strength given the high pressure for nurses to remain employed to fill existing needs while continuing their education. These programs are consistent with the mission of WSU and reflect the needs of the state as outlined in section III of this report.
2. One area that requires clarification is the reference to preparing nurse educators. This is a worthy aim, but is not the primary intent of DNP programs. Although there is a great need for nurse educators with the strong CLINICAL training provided in the DNP programs, AACN reference materials stipulate that the primary outcome of these programs is advanced practice competencies, not competency as educators. Indeed, AACN would encourage faculty presenting these materials to point out that while graduates may participate in coursework preparing them as educators, their preparation as such is not the primary endpoint of the program and that coursework focusing on the nurse educator role would be an adjunct to the DNP program and not its main emphasis. I would recommend that the educator track for the Community Based Program of Study be reviewed to be certain that any certification requirements for advanced practice can be met with the proposed program. The educator credits are not likely to be counted in the requirements for certification in many specialty areas.
3. The use of technology to reach students at a distance is a considerable strength for WSU and continues in the fine traditions established by the School of Nursing in the past.
4. The CON faculty proposes phasing in the program beginning with postmasters students and then including post-baccalaureate students. It is not clear whether the intent is to eventually replace the master degree programs with the DNP, but this is an important consideration for faculty to address. Licensure changes and certification changes typically follow the academic program changes and entry of practitioners with the new educational preparation into the practice arena. It is uncertain how rapidly this change to the DNP will occur. Continuing to offer the master degree program may be a useful additive model for incremental change in curricula, but it may prevent faculty from embracing fully and rethinking the new curriculum for the DNP.
5. Faculty support for the program has presented a challenge to many universities. We now have two DNP-prepared faculty and I would anticipate that we will be able to recruit many more as our program graduates more students, in particular those who have earned a master degree and have experience in advanced practice nursing. We are also able to complement our DNP prepared faculty with existing MN prepared faculty and PhD prepared faculty to teach in the courses that do not require clinical proficiency at an advanced practice level. It will be useful to think about

faculty recruitment to support the DNP program as well as methods and incentives to help WSU faculty pursue DNP completion.

6. Facilities and potential enrollments were considered with appropriate recommendations.
7. Credit requirements in comparison with our FNP program appear modest, but our experience in offering the post-baccalaureate program is limited as we have not yet graduated a cohort that has completed the post-baccalaureate curriculum.

As we discussed the State budget reductions in our telephone conversation, I mentioned that UW is proceeding to move our DNP programs (and clinically focused master degree programs) to UW Educational Outreach and offer them as fee-based programs. Over the past few years, nursing faculty have become aware that the clinically focused programs for advanced practice in nursing are not unlike medical school education for physicians with respect to both faculty requirements and expense. Although we anticipate a substantial increase in tuition as these programs become fee-based, we recognize that offering high quality programs is no longer realistic given our state resources. I hope you are able to explore opportunities for WSU to use a similar mechanism in your conversation with David Szatmary, Dean for UW Educational Outreach.

Howard, in our conversation I did clarify my current position as a professor with you and agreed to provide my comments from that perspective. Should you wish additional comments from our current dean, Marla Salmon, I would anticipate she would welcome the chance to meet you and discuss her position on this program from her perspective as dean.

Thanks for another opportunity to work with WSU. I wish you success as you consider this venture as well as the challenges of the current state budget. Please don't hesitate to ask for clarification or additional comments should you require them.

**NDSU****NORTH DAKOTA STATE UNIVERSITY**

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*Department of Nursing  
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July 15, 2010

Warwick M. Bayly, Ph.D  
Provost and Executive Vice President  
Washington State University  
PO Bpx 641046  
Pullman, WA 99164-1046

Dear Dr Bayly,

I am please to provide an external review of the proposed Washington State University Doctor of Nursing Practice program. In response to your request, my assessment is as follows:

**Criteria 1: The program produces well-trained, nursing professionals**

The Doctor of Nursing Practice program produces well-trained nursing professionals. This is evident by not only the curriculum (See Criteria 2), but the quality of the faculty, learning experiences and resources available. The use of distance education, both online and hybrid is well thought out and resourced, allowing students to have similar high quality experiences no matter what their location is to a WSU campus. Monitoring the student experience as well as graduate achievement of outcomes is evident in the program assessment plan. All students, graduates, faculty, preceptors and employers have input and a valuable role to play in assuring program quality and documentation of the success of program graduates.

Faculty have the qualifications and experience to lead and develop the program. The effort to promote interdisciplinary education through program requirements and cross discipline courses is laudable. Once again, the continuous program assessment is an asset as faculty seek to validate and develop relevant learning experiences.

Resources are adequate and continually monitored. The collaborative efforts across WSU sites which includes nursing degree programs (M, DNP & PhD) is impressive and a strength. Equally impressive are the collaborative efforts with the U of Washington PhD and DNP faculty. This type of activity is currently encouraged and highly regarded in higher education and nursing education.

NEZAC is an equal opportunity employer.

Received 10-Jul-15 02:09pm

From-701 231 6257

To-WSU Government Relat Page 002

Page 2 of 4  
External Review of DNP  
7/15/2010

**Criteria 2: The program has a coherent design and curriculum appropriate for the degree**

The curriculum is very coherent to external constituents and program applicants. The availability of program entry from post-BSN and post Master's is very well described and timely for the types of applicants that will seek admission. Part-time and Full-time study provides accessibility as well as the offerings that are available through distance education.

There is a great clarity and justification for course content based on the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Syllabi, including course objectives, content, and the program outcomes were congruent with the expectations for DNP curricula. The distinction between the PhD and DNP was clearly described in table format (p.8) and the matrix of course objectives (p.91) enhanced understanding about the building experiences within the curriculum. The information clearly conforms and is appropriate for the doctoral level focusing on advanced nursing practice. Once again, the involvement of faculty as teachers and advisors along with preceptors was a strong element of support for program integrity.

**Criteria 3: The program is consistent with trends in the field**

The program is very consistent with trends in the field. Topics and program elements reflect the changes in the nursing role as well as the changes in health care. An integral part of this type of education is the recognition of cross cultural needs, health disparities and focusing on underserved populations. The program clearly addresses all of these in its recruitment, education and placement of graduates. The development of faculty was not overlooked as a consultant was sought out to assist faculty in expanding their awareness, teaching, and possible research regarding cultural needs.

Another trend, the use of technology in examining patient outcomes is visible in the curriculum and will subsequently influence the opportunity for DNP graduates to become leaders in using health care data to improve care. This focus on informatics and interdisciplinary collaboration will serve the program graduate well in their endeavors to influence evidence based practice changes. This typically occurs as students are involved in Capstone Projects that are also sometimes referred to Practice Improvement Projects.

Even though these are but a few examples that represent current trends, I would be remiss if I did not note that the faculty background information provided in the proposal indicated that they were very involved in organizations or projects which places them very close to, or part of, health care innovations that are occurring. Translating or bringing these experiences to the curriculum or discussions with interdisciplinary colleagues provides an element of vitality to their teaching and curriculum decisions.

Page 3 of 4  
External Review of DNP  
7/15/2010

Finally, both the letters of support and the competitive analysis provided additional context in regard to the constituents who would be influenced by the program. The plan for student numbers, and the diversity of students was very congruent with the mission and goals of the College of Nursing. The goals reference the rapid changes occurring and the College's commitment to transform health care for different populations and provide high quality, innovative programs.

Dr. Bayly, another question in your letter asked about

**Current and future demands for similar programs by employers or students.**

An overwhelming demand for the DNP is growing as the health care reform legislation is enacted. Several national entities such as the Robert Wood Johnson Foundation, Josiah Macy Foundation, and governmental groups, i.e., HRSA, have engaged interdisciplinary groups to explore evolving work force needs as well as the leadership needed to make this transition in health care. Beyond the need for direct patient care, which advanced practice nurses, such as the master's prepared nurse practitioners, have provided there is a current and future demand to increase the quality of healthcare, while reducing health care costs. This appears to be a paradoxical situation until you recognize that the characteristics of the Doctor of Nursing Practice graduate include not only direct patient care, but, also organizational and community leadership across different settings and populations. With this expectation and involvement, the DNP graduate will contribute a great deal in facilitating population based change in areas that are underserved, similar to the population in the state of Washington.

From a student standpoint, there will be an increasing demand for preparation at the DNP level. A primary reason for this will be the broad preparation in the areas of leadership, quality improvement and interdisciplinary activity. As a result of this, there will be more career mobility, flexibility and creativity to the nursing role at this level. Once again, advanced practice nurses will be better prepared to make lateral career movements or create new roles based on their preparation. Students from the millennial generation expect variability in their career and will be looking for academic preparation that promotes their growth and contribution to the world around them.

Dr Bayly, I am very impressed with the work and vision of the College of Nursing administration and faculty. The depth of proposal reflects a great deal of collaboration internally and externally to WSU. They have gone well beyond listing their plans to meet accreditation, certification and professional standards. The proposal for the Doctor of Nursing Practice program at Washington State University provides a strong, realistic and timely view of the current and future expectations for nursing, nursing education and interdisciplinary support.

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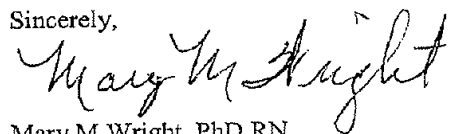
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Page 4 of 4  
External Review of DNP  
7/15/2010

Thank you for this opportunity to be an external reviewer.

Sincerely,



Mary M Wright, PhD, RN  
Associate Professor

C: Dr. Patricia Butterfield, Dean and Professor, College of Nursing

Received 10-Jul-15 02:15pm

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214

**Biography**  
**Nancy Fugate Woods, PhD, RN, FAAN**

Dr. Nancy Woods is professor and past Dean of the University of Washington School of Nursing, as well as Associate Dean for Research. She has a long career of excellence in research, teaching, and service. Her research centers on women's health issues and she is currently engaged as principal investigator in several research projects from National Institutes of Health, the Fred Hutchinson Cancer Center, and UW Center for Women's Health and Gender Research. She has served in many national and regional capacities, including president of the American Academy of Nursing, member of the National Advisory Council on Nursing Research for the National Institute of Nursing Research, and is an elected member of the Institute of Medicine, National Academy of Sciences. She has led the UW School of Nursing as they embraced the DNP program, research excellence, and innovative teaching.

**Biography**  
**Mary Wright, PhD, RN**

Dr. Mary Wright is Associate Professor and graduate faculty member at North Dakota State University. Dr Wright received her baccalaureate degree in nursing from the College of St Scholastica in Duluth, MN. She received her master's and doctoral degrees in nursing from the University of Texas at Austin. The focus for her master's degree was Maternal Child Nursing with a minor in Nursing Education. Her doctoral work focused on Educational Administration in Nursing Education. Dr. Wright has served as a consultant, evaluator and grant writer for graduate nursing programs during the past 20 years. She has also served as program director for Graduate Nursing at two universities as well as Associate Dean for Nursing. Dr. Wright is prepared and recognized as an accreditation visitor for CCNE, the Commission on Collegiate Nursing Education.